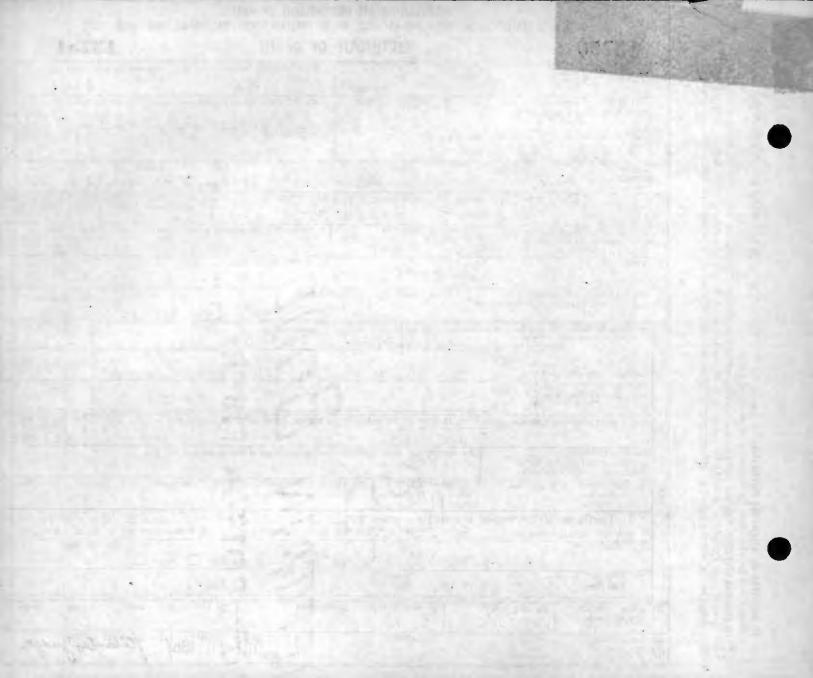
MARYLAND STATE DEPARTMENT OF HEALTH Division of STATISTICAL RESEARCH AND RECORDS, 301 W. PRESTON STREET, BALTIMORE, MARYLAND 21201 CERTIFICATE OF DEATH The law requires that the death certificate be executed within 24 hours after death 2. USUAL RESIDENCE (Where deceased fived, if institution: Residence before admission) PLACE OF DEATH o. COUNTY o. STATE 5 COUNTY MARYLAND c. LENGTH OF STAY IN 1b b. CITY OR TOWN (If outside corporate limits, c. CITY OR TOWN (If outside corporate limits, write RURAL and give nearest fown) write RURAL and give nearest town) LUTON d. STREET ADDRESS IS RESIDENCE ON A FARM? d. NAME OF HOSPITAL OR INSTITUTION (If not in hospital, give street address) YES NO DO 3. NAME OF Middle 4. DATE Lost Month Doy Year First DECEASED (Type or print) please remave car IF UNDER 1 YEAR 1 IF UNDER 24 HRS SEX DATE OF BIRTH (In years 7 MARRIED NEVER MARRIED bisthdoy) Months Dovs Hours WIDOWED X DIVORCED ar removal, and in any 10b. KIND OF BUSINESS OR 12. CITIZEN OF WHAT 11 BIRTHPLACE (County & Stote, or foreign country) 10o. USUAL OCCUPATION (Give kind of work done during most of working life, even if retired) COUNTRY? INDUSTRY 14. MOTHER'S MAIDEN NAME 13. FATHER'S NAME attending phys 16. SOCIAL SECURITY NO 17. INFORMANT IS. WAS DECEASED EVER IN U.S. ARMED FORCES? #2 (Yes, no os unknown) (If yes give wor or dotes of service OS GROVE burial, cremation, INTERVAL BETWEEN 18. CAUSE OF DEATH (Enter only one couse per line for (o), (b), and (c).) burial-transit PART I. DEATH WAS CAUSED BY: UNCARDI IMMEDIATE CAUSE (o) **10 HOSPITAL OR ATTENDING PHYSICIAN:** The law requires the Page 4 may be retained by the haspital ar attending physician. DUE TO 2 HRS HEART MISENSE Conditions, if any, which gave rise to immediate couse (a), DUE TO stoting the underlying couse directar, page 3 shauld be detached far use as the shauld be filed with the State Dept. of Health priar to 19. WAS AUTOPSY PERFORMED? PART II. OTHER SIGNIFICANT CONDITIONS CONTRIBUTING TO DEATH BUT NOT RELATED TO THE TERMINAL DISEASE CONDITION GIVEN IN PART 1(o) NO **DIRECTOR:** After this certificate ATTENDING PHYSICIAN: 20o. ACCIDENT WAS UNDERLYING ☐ OR CONTRIBUTING ☐ CAUSE OF DEATH 205. DESCRIBE HOW INJURY OCCURRED. (Enter nature of injury in Port I or Port II of item 18.) (IF EITHER, NOTIFY MEDICAL EXAMINER) 20e. PLACE OF INJURY (Home, form, (City or fown) (County) (Stote) 20c. TIME OF INJURY Month, Doy, Year 20d. INJURY OCCURRED Hour o.m. foctory, street, office bldg., etc.) Not While 21. I certify that (1) (this hospital) attended the deceased from La Gambar 19 62 to local 26, 1960 that (1) (we) las OCT 20019 6 7 and that death accurred at 9 DM, from causes and an the date stated above saw the deceased alive an 22b. DATE SIGNED 22o. SIGNATURE **ATTENDING** STAFF PHYS. 120/67 M.D. PHYS DIRECTOR 22d. ADDRESS 22r. PHYSICIAN'S TO FUNERAL ANDAL NAME (Type) 23c. NAME OF CEMETERY OR CREMATORY 23d. LOCATION (City or Town) (Stote) 230. BURIAL, CREMATION 23b. DATE THEREOF (County) ERN WOOD FERN WUSO 24. FUNERAL DIRECTOR VR A15 (4) 20 M 1/66



13751

## MARYLAND STATE DEPARTMENT OF HEALTH DIVISION OF VITAL RECORDS, 301 W. PRESTON STREET, BALTIMORE, MARYLAND 21201

CERTIFICATE OF DEATH

								Table 4.2			
1. PLACE OF DEATH					2. USUAL RESIDENCE	(Where dec	eosed lived, if institu	tion: Residen	ce before	odmissio	in) /
a. COUNTY Ceci.	1		MAI	RYLANO	o. STATE Marvla	- 4	b. COL	Quee	n An	ine's	, V
	(If outside carparate limits,		E LENGTH OF STAY		c. CITY OR TOWN (If		grate limits, write RI	IRAL and give	e negrest	town)	
write RURAL or	nd give nearest town)		85 days					ante esse gara		,	
	y Point	1 2 1		>	Sudler	svill	e			IC DECIR	SENCE
	ITAL OR INSTITUTION (If not i <b>Administra</b>				d. STREET ADDRESS					ON A FA	ARM?
3. NAME OF	First	COTOH	Middle		lost	4 DAT	E Mor	ıık	Doy	Yeo	- 35
DECEASED (Type or print)		RSON	B.	AT	AMS JR	OF DEA			18		67
S. SEX	6. COLOR OR RACE 7	MARRIED	NEVER MARRI		B. DATE OF BIRTH		9. AGE (In years	IF UNDER	1 YEAR	IF UNDER	24 HRS.
Male	White	WIDOWEO	DIVORC	ED 🔲	4-4-24		lest birthdoy) 43 yrs.	Months	Days	Haurs	Min.
	ON (Give kind af wark done		NO OF BUSINESS OR		11. BIRTHPLACE (Count	ry & State, or	foreign country)		TIZEN OF	WHAT	
Auto Med	g life, even if retired)	INC	DUSTRY		Sutton,	Wast	Winginia		UNTRY?		
13. FATHER'S NAME	Manto				14. MOTHER'S MAIDEN		ATTENTION		2000	10	
_	12. (2)							1-1			
Pearson	Adams (D) VER IN U.S. ARMED FORCES?	17/	OCIAL SECURITY NO.	177	MEORMANT	Jane	Mealey	(D)			
(Yes, na, or unknown)	) (If yes give war or dates of s	ervice i		33.5			71340				
Yes	WW II	23	4-30-873	AV 8	Hospital 1	Recor	ds. Perr	y Poi	nt.	Md.	
	DEATH (Enter only one cause								INTE	RVAL BET	
PART 1. DE	ATH WAS CAUSEO BY: IMMEDIATE CAUSE (a)	Mei	ningitis,	bila	teral				11-PONN	IS ANO D	LAIH
521X	DUE TO										
Canditions, if an	y, which gave ) (b)	Set	pticemia								
nse to immedia	ate cause (a), (										
stating the und	lerlying cause (c)		<b>5005505</b> 0	f Tun	gs, Multipl	10					
									110	WAS AUTO	NDEV
PART II. OTHER :	SIGNIFICANT CONDITIONS CON	TRIBUTING T	O DEATH BUT NOT K	ELATED TO 1	HE TERMINAL DISEASE CO	ONDIFION G	IVEN IN PART I(0)		1	PERFORM	EDS.
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OR CONTRIBUTION	AS UNDERLYING [] G [] CAUSE OF DEATH	200. DE	SCRIBE HOW INJURY	ULLUKKED.	(Enter nature of injury in	n Part I of I	ran II at Item 18.)				
THE REPORT OF THE PARTY OF THE	Y MEDICAL EXAMINER)										-
20c. TIME OF IN	JURY Month, Day, Yeor	1.00(0.00)	JURY OCCURRED		CE OF INJURY (Home, for ory, street, affice bldg., etc		(City or town)	(Coi	unty)	(	Stote)
E HOUL C	o.m. 19	While at wark	Nat While	Idea	ory, street, attice blag., en	(.)					
21.   ceri	21. I certify that (1) (this hospital) attended the deceased from July 25, 1967, to Oct. 18, 1967 than (3) then										
State share	deceased alive areas	vvvvv	vvvdevvv	and the	death occurred a	1 0 - 3	M. from couses	and on th	ne date	stated	abov
22g. SIGNATURI			etherites (feet). A collection (feet).			7.7	am		ATE SIGNE		
	a.L.m	na	one	LI ME	ATTENDING PHYS.	MED. DIRECTOR	STAFF PHYS.	Oct	18,1	1967	
22c. PHYSICIAN		1.00			22d, ADDRESS						
NAME (Typ	e) A. L. MOO	NEY,	M.D. Path	()	VA Hosp	ital.	Perry P	oint.	Md.	- 1	
23a. 8URIAL, CREMAT	TION. I 23b. DATE THERE	OF	23c. NAME OF CEL	METERY OF	-		LOCATION (City or I		(County)		tate)
Burial Speci			Sutton				tton.	4 4411]		W. Va	
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CHIVANO	Teller Jus	wals	ONCE ADDRESS					EGISTRAR'S S	TONAHIR	del	
Edward E	ellows Funer	al He	me. Mill	ingt	on. Md DATC	TZU	1967 #		7/	0	

O HOSPITAL OR ATTENDING PHYSICIAN: The law requires that the death certificate be executed within 24 haurs after death. TO FUNERAL DIRECTOR: After this certificate has been signed by the attending physician and confolette director, page 3 should be detached for use as the burial-transit permit. Then please remave cart should be filed with the State Dept. af Health priar to burial, crematian, ar remaval, and in any eventy. Page 4 moy be retained by the haspital ar attending physician. VR A15 (4) 25M 1/67

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Division of STATISTICAL RESEARCH AND RECORDS, 301 W. PRESTON STREET, BALTIMORE, MARYLAND 21201 13757 13753 CERTIFICATE OF DEATH PHYSICIAN: The law requires that the death certificate be executed within 24 haurs after death PLACE OF DEATH Cecil 2. USUAL RESIDENCE (Where deceased lived, if institution: Residence before admission) o. STATE b. COUNTY d in by opers. Pages 72 haurs after Maryland Cecil MARYLAND c. LENGTH OF STAY IN 16 c. CITY OR TOWN (If outside carparate limits, write RURAL and give negrest tawn) b. CITY OR TOWN (If autside corporate limits, 5weeks Rural Elkton d. NAME OF HOSPITAL OR INSTITUTION (If not in hospital, give street address) d. STREET ADDRESS e, IS RESIDENCE ON A FARM? any event, withfin 72 Elkton R.D. campletely filled Union Hospital YES NO 3. NAME OF Middle 4 DATE darban First Last Doy Year DECEASED Howard OF William Anderson October 7 19 67 DEATH (Type or print) IF UNDER 1 YEAR 1 IF UNDER 24 HRS. 9. AGE (In years S. SEX 6. COLOR OR RACE B. DATE OF BIRTH 7. MARRIED ATT NEVER MARRIED remave birthdov) Months Hours Days Male White 6-19-1903 WIDOWED DIVORCED 10a. USUAL OCCUPATION (Give kind of work done 11. BIRTHPLACE (County & State, or foreign country) 12. CITIZEN OF WHAT 10b. KIND OF BUSINESS OR Ξ during most of warking life, even if retired) **NDUSTRY** COUNTRY? physician pup Fibre Cecil Co. Md. 14 MOTHER'S MAIDEN NAME 13. FATHER'S NAME burial, cremation, ar remayal, attending phy permit. Then Harry Anderson Lydia Whiteman IS. WAS DECEASED EVER IN U.S. ARMED FORCES? 17. INFORMANT 16. SOCIAL SECURITY NO. (Yes, no ar unknawn) (If yes give war ar dates af service) permit. 216-28-5918 Mrs Lillie Anderson Elkton # INTERVAL BETWEEN IB. CAUSE OF DEATH (Enter only one cause per line for (a), (b), and (c).) signed by the burial-transit p PART I. DEATH WAS CAUSED BY: ONSET AND DEATH IMMEDIATE CAUSE (d) O HOSPITAL OR ATTENDING PHYSICIAN: The law requires the Page 4 may be retained by the haspital ar attending physician. DUE TO Conditions, if any, which gave rise to immediate cause (o), DUE TO stating the underlying couse has been State Dept. of Health prior to 19. WAS AUTOPSY PERFORMED? PART II, OTHER SIGNIFICANT CONDITIONS CONTRIBUTING TO DEATH BUT NOT RELATED TO THE TERMINAL DISEASE CONDITION GIVEN IN PART 1(g) NO FUNERAL DIRECTOR: After this certificate 20b. DESCRIBE HOW INJURY OCCURRED, (Enter nature of injury in Port I or Port II of item 1B.) 20g. ACCIDENT WAS UNDERLYING OR CONTRIBUTING CAUSE OF DEATH (IF EITHER, NOTIFY MEDICAL EXAMINER) (State) 20c. TIME OF INJURY Manth, Day, Year 20d. INJURY OCCURRED 20e, PLACE OF INJURY (Home, farm, (City or town) (County) Hour a.m. Nat While factory, street, office bldg., etc.) OR ATTENDING at work at work 17, 19€ 7hat (I) (we) las 21. I certify that (1) (this haspital) attended the deceased fram. should M, fram causes and an the date stated above 7 19 6 7 and that death occurred at saw the deceased alive an 22b. DATE SIGNED 22g. SIGNATURE ATTENDING M.D. DIRECTOR PHYS 22d, ADDRESS 22c. PHYSICIAN'S LENICA NAME (Type) 23b. DATE THEREOF 23c. NAME OF CEMETERY OR CREMATORY 23d. LOCATION (City or Town) (County) (State) 23a. BURIAL, CREMATION Oxford. Chester Co Pa 10-11-1967 Cemeterv Oxford 2 25a. RECD BY REGISTRAR 25b. REGISTRAR'S SIGNATURE 24 SUNFRAL DIRECTOR VR A15 (4) Meliante 20 M 1/66

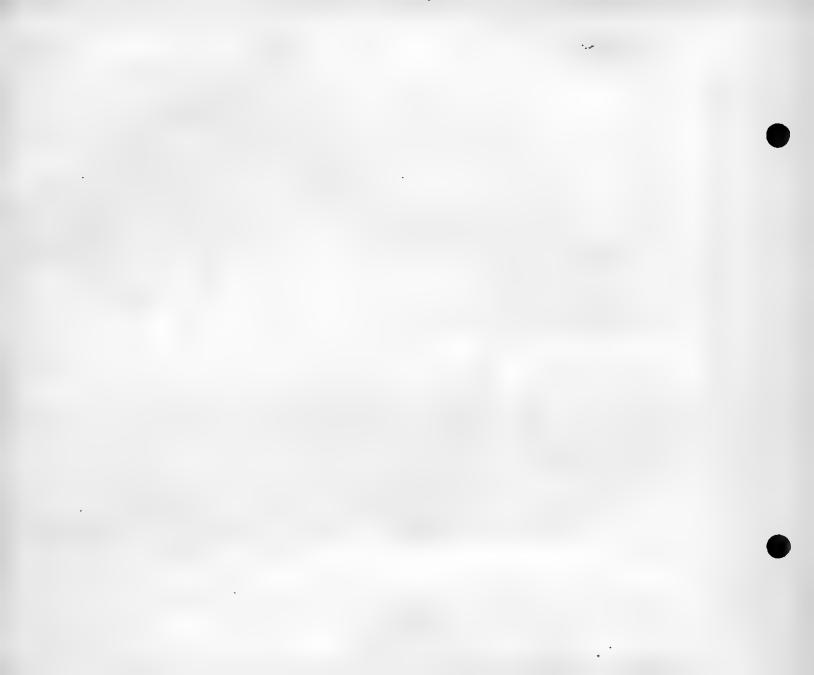
MARYLAND STATE DEPARTMENT OF HEALTH

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MARYLAND STATE DEPARTMENT OF HEALTH DIVISION OF STATISTICAL RESEARCH AND RECORDS, 301 W. PRESTON STREET, BALTIMORE 1, MARYLAND CERTIFICATE OF DEATH funeral and 2 and 2 death. PLACE OF DEATH 2. USUAL RESIDENCE (Where deceased lived, If Institution: Residence before admission) a. COUNTY a. STATE b. COUNTY after Cecil 9 Pages ) Md-Cecil MARYLAND b. CITY OR TOWN (if outside corporate limits. c. LENGTH OF STAY IN 1b c. CITY OR TOWN (If outside corporate limits, write RURAL and give nearest town) hapers. Pag in 72 hours write RURAL and give nearest town)
Rural Earleville hours Rural Earleville d. NAME OF HOSPITAL OR INSTITUTION (if not in hospital, give street address) d. STREET ADDRESS e. IS RESIDENCE ON A FARM? YES NO event, withi pmpfetely carbon 3. NAME OF Elrst Middle Last DATE Month Day Year DECEASED JOHN (Type or print) BIDDLE DEATH October 19 67 executed 5. SEX 6. COLOR OR RACE 7. MARRIED T NEVER MARRIED 8. DATE OF BIRTH AGE (In years | IFUNDER 1 YEAR | IF UNDER 24 HRS | last birthday) | Months | Days | Hours | Min. гетточе and and in any Male White WIDOWED [ DIVORCED [ February, 23, 1895 72 10a, USUAL OCCUPATION (Give kind of work done ng physician Then please r 10b, KIND OF BUSINESS OR 11. BIRTHPLACE (County & State, or foreign country) 12. CITIZEN OF WHAT during most of working life, even if retired) INDUSTRY COUNTRY? Farming. Farming U.S.A. Delaware. law requires that the death certificate removal, 13. FATHER'S NAME 14. MOTHER'S MAIDEN NAME cremation, or John Henry Biddle Mary E. Kelley 15. WAS DECEASED EVER IN U.S. ARMED FORCES? 16. SOCIAL SECURITY NO. INFORMANT Address (Yes, no, or unkown) | (If yes give war or dates of service) No. Mrs. Anna Biddle. Earleville, Md. 21919 been signed by the the burial-transit p or to burial, cremati CAUSE DF DEATH (Enter only one cause per line for (a), (b), and (c), 1 INTERVAL BETWEEN ONSET AND DEATH PART I. DEATH WAS CAUSED BY: the hospital or attending physician. Orebro-vascular accident IMMEDIATE CAUSE (a) DUE TO Cenditions, If any, which (b) gave rise to immediate DUE TO cause (a), stating the prior underlying cause last. 8 CERTIFICATION PART II. OTHER SIGNIFICANT CONDITIONS CONTRIBUTING TO DEATH BUT NOT RELATED TO THE TERMINAL DISEASE CONDITION GIVEN IN PART 1(a) for use Health I WAS AUTOPSY PERFORMED? Diabetes mellitus 20a. ACCIDENT WAS UNDERLYING OR CONTRIBUTING CAUSE OF DEATH (IF EITHER, NOTIFY MEDICAL EXAMINER) mild. Arteriosclerotic Heart Disease.
20b. DESCRIBE HOW INJURY OCCURRED. (Enter nature of injury in Part I or Part II of Item 18.) YES T NO. 20c. TIME OF INJURY Month, Day, Year 20d. INJURY OCCURRED | 20e, PLACE OF INJURY (Home, farm, 20f. (City or town) (County) (State) DIRECTOR: After that age 3 should be det factory, street, office bldg., etc.) Hour 8.m. While Not While O HOSPITAL OR ATTENDING Page 4 may be retained by at work at work 21. I certify that (I) (this hospital) attended the deceased from \_ to\_8 19.67 1967, that (I) (we) last saw the deceased alive on\_ and that death occurred at\_ \_M. from the causes and on the date stated above. SIGNATURE 22a. DATE SIGNED 22b. page ATTENDING M.D. PHYS. DIRECTOR director, pag should be fill PHYSICIAN'S 22c. 22d. ADDRESS NAME (Type) Wallace Obenshain, M.D. Cecilton, Md, 21913 BURIAL, CREMATION. 23b. DATE THEREOF 23c. NAME OF CEMETERY OR CREMATORY 23d. LOCATION (City, town or county) (State) Burial (Specify) Oct. 10,1967 Johntown Cemetery Earleville, Md. 24. FUNERAL DIRECTOR ADDRESS OCT BY REGISTRAR 25b. 25a. REGISTRAR'S SIGNATURE Millington, Md. 21651 Edward Fellows & Son. VR A15 (4) DATE 20M 1/65

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MARYLAND STATE DEPARTMENT OF HEALTH Division of STATISTICAL RESEARCH AND RECORDS, 301 W. PRESTON STREET, BALTIMORE. MARYLAND 21201 13755 CERTIFICATE OF DEATH 37759 death 2. USUAL RESIDENCE (Where deceased lived, if institution: Residence before admission) PLACE OF DEATH o. COUNTY o. STATE **b.** COUNTY MARYLAND C LENGTH OF STAY IN 16 c CITY OR TOWN (If outside comporate limits, write RURAL and give nearest town) b. CITY OR TOWN (If outside corporate limits, hours of write RURAL and give nearest tawn) North East mos. O HOSPITAL OR ATTENDING PHYSICIAN: The law requires that the death certificate be executed within 24 hour d NAME OF HOSP, TAL OR INSTITUTION (if not in hospital, give street oddress) d STREET ADDRESS e IS RESIDENCE ON A FARM? 102 E. Cecil Ceci YES 3 NAME OF Middle 4 " DATE First Lost Month Doy Year DECEASED Miller Biscoe 196 Christina DEATH (Type or print) IF UNDER 1 YEAR AGE (In years IF UNDER 24 HRS S SEX 6 COLOR OR RACE B. DATE OF BIRTH 7 MARRIED NEVER MARRIED lost\_b rthdoy) Months Hours WIDOWED D VORCED 100 JSUAL OCCUPATION (Give kind of work done 10b KIND OF BUSINESS OR 12. CITIZEN OF WHAT 11. BIRTHPLACE (County & Stote, or foreign country) during most of working life, even if retired) INDUSTRY. **COUNTRY?** trost bu tousewick OM C 14. MOTHER'S MAIDEN NAME 13 FATHER'S NAME or removal, afferson Miller liam 15 WAS DECEASED EVER IN U.S. ARMED FORCES? INFORMANT 16. SOCIAL SECURITY NO (Yes, no of unknown) (If yes give wor or dotes of service) buriol, cremation, INTERVAL BETWEEN 1B. CAUSE OF DEATH (Enter only one couse per line for (o), (b), and (c).)
PART 1 DEATH WAS CAUSED BY ONSET AND DEATH burial-transit HalomoCarcinanie IMMEDIATE CAUSE (o) signed by be retained by the haspital or ottending physician. DUE TO 4mos, Conditions, if ony, which gove (b) rise to immediate couse (a). DUE TO stoting the underlying couse this certificate hos been 19. WAS AUTOPSY PERFORMED? PART II OTHER SIGNIFICANT CONDITIONS CONTRIBUTING TO DEATH BUT NOT RELATED TO THE TERMINAL DISEASE CONDITION GIVEN IN PART 1(o) NO X YES [ 20b. DESCRIBE HOW INJURY OCCURRED. (Enter noture of injury in Port I or Port II of item 1B.) 20o ACCIDENT WAS UNDERLYING [] OR CONTRIBUTING CAUSE OF DEATH detached (IF EITHER, NOTIFY MEDICAL EXAMINER) TIME OF INJURY Month, Day, Year 20d. INJURY OCCURRED 20e. PLACE OF INJURY (Home, form, (City or tawn) (County) (State) Hour o.m. factory, street, office bldg., etc.) Not While at work of work TO FUNERAL DIRECTOR: After 21. I certify that (I) (this haspital) attended the deceased fram 1967, that (I) (we) las 10 19 6 7, and that death accurred at 27 PM, fram causes and an the date stated above saw the deceased alive an 220 SIGNATURE 22b. DATE SIGNED 10/28/6 DIRECTOR director, page 3 should be filed v M.D 22d. ADDRESS 22c. PHYSICIAN'S Union Hospital NAME (Type) Edgar Olkin 230 BURIAL, CREMATION, 23c. NAME OF CEMETERY OR CREMATORY 23d. LOCATION (City or Town) 23b. DATE THEREOF (County) (Stote) REMOVAL (Specify) ria FUNERAL DIRECTOR Thoread VR A15 (4) 20 M 1/66



MARYLAND STATE DEPARTMENT OF HEALTH

DIVISION OF VITAL RECORDS, 301 W. PRESTON STREET, BALTIMORE, MARYLAND 21201

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CERTIFICATE OF DEATH

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				CONTRACTOR OF THE		nacquance o	nd tha	t death accurred a	e lent	M, fram causes			ted above
			220 SIGNATURE	10011	18.1			ATTENDING	MED	STAFF		ES GNED - 67	
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Page 4 may by TO FUNERAL D		230	BURIAL, CREMATIC		IEREOF	23c NAME OF CEME	ERY OR	CREMATORY	23d	LOCATION (City or To	WF) (	County)	(Stote)
Page 4 Fo FUN direct	0		REMOVAL (Specify	Nov. 2-	-1967	Cedar Hi	11 C	en tery	5	Buitland,	Md		
	V	24	CUMPTAN THREETO	0	02,	ADDRESS W			D BY REGIS		GISTRAR'S SIG	4.5	
VR A15 (4) 25M 1/67	Al.	3	immons	uneral Ho	me, 16	61 Goodho	pe F	Road, DANO	V 1	1967 🎉	Harle	y freedy	1c

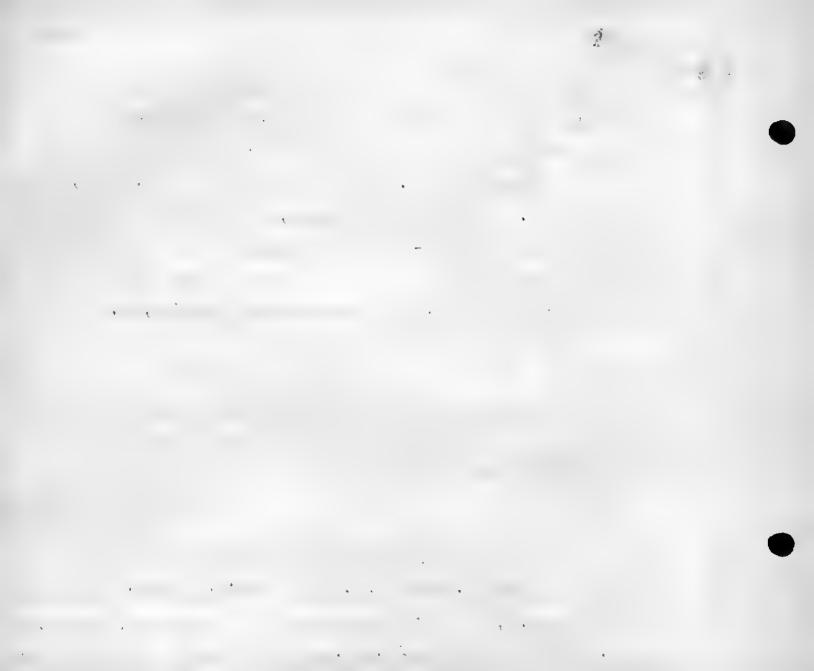
-3 th wen t e do e

MARYLAND STATE DEPARTMENT OF HEALTH DIVISION OF VITAL RECORDS, 301 W. PRESTON STREET, BALTIMORE, MARYLAND 21201 13761 CERTIFICATE OF DEATH OR ATTENDING PHYSICIAN: The law requires that the death certificate be executed within 24 haurs after death funeral 1 and PLACE OF DEATH 2. USUAL RESIDENCE (Where deceased lived, if institution: Residence before admission) o. COUNTY n. STATE b. COUNTY filled in by Pages 1 Cecil Maryland MARYLAND b. CITY OR TOWN (If outside corporate limits, c. LENGTH OF STAY IN 16 c CITY OR TOWN (If autside carparate limits, write RURAL and give negrest town) write RURAL and give nearest tawn) 22 mos 14 days Perry Point Perry Point d NAME OF HOSPITAL OR INSTITUTION (If not in haspital, give street address) d. STREET ADDRESS e. IS RESIDENCE ON A FARM? Veterans Administration Hospital VA Hospital YES NO D Carban NAME OF 4. DATE First Last Manth Doy Year campletely DECEASED MICHAEL BREEN October 19 67 (Type or pant) DEATH IF UNDER 1 YEAR 5. SEX 6. COLOR OR RACE B. DATE OF BIRTH 9. AGE (In years IF UNDER 24 HRS 7. MARRIED NEVER MARRIED and in any ev last birthday) Months Hours Days WIDOWED DIVORCED -86 Male White 10g. USUAL OCCUPATION (Give kind of work done 10b. KIND OF BUSINESS OR 11. BIRTHPLACE (County & State, or foreign country) 12. CITIZEN OF WHAT during most of working life, even if retired) INDUSTRY COUNTRY? the attending physician sit permit. Then please Ireland Civil service 14. MOTHER'S MAIDEN NAME cremation, ar remayal, Michael Breen Catherine Sullivan 15. WAS DECEASED EVER IN U.S. ARMED FORCES? 16. SOCIAL SECURITY NO. 17. INFORMANT Address (Yes, na, ar unknown) (If yes give war or dates of service) 578-22-8226 VA Hospital records. Perry Point, Md. Yes INTERVAL BETWEEN 18. CAUSE OF DEATH (Enter only one cause per line far (a), (b), and (c).)
PART 1 DEATH WAS CAUSED BY. signed by the burial-transit p burial, cremativ Bronchopneumonia, bilateral IMMEDIATE CAUSE (a). DUE TO Arteriosclerotic Heart Disease with Conditions, if ony, which gave Years Myocardial fibrosis rise to immediate cause (a). DUE TO has been see as the t stating the underlying cause Page 4 may be retained by the haspital or attending Arteriosclerosis, generalized Years Inst PART 1), OTHER SIGNIFICANT CONDITIONS CONTRIBUTING TO DEATH BUT NOT RELATED TO THE TERMINA, DISEASE CONDITION GIVEN IN PART 1(a) 19 WAS AUTOPSY PERFORMED? YES IK NO fter this certificate ē 206, DESCRIBE HOW INJURY OCCURRED, (Enter nature of injury in Part or Part II of item 18.) 20a, ACC DENT WAS UNDERLYING [ OR CONTRIBUTING CAUSE OF DEATH (IF EITHER, NOTIFY MEDICAL EXAM, NER) 20c. TIME OF INJURY Month, Doy, Year 20d INJURY OCCURRED 20e PLACE OF INJURY (Home, form, (City or tawn) (County) (State) Hour 'o.m. While Not While factory, street, office bldg., etc.) at work at wark 21. I certify that (K (this haspital) attended the deceased fram Dec. 17 957 жарқижасын somether deserved at New York and the deserved at 18:20M, from causes and on the date stated above. FUNERAL DIRECTOR: 22b DATE SIGNED 27a SIGNATURE ATTENDING 10-2-67 DIRECTOR M.D PHYS director, page should be filed 22d ADDRESS 22c. PHYSICIAN'S O HOSPITAL NAME (Type) A. L. MOONEY, M.D. VA Hospital, Perry Point, Md. 23b. DATE THEREOF 23c. NAME OF CEMETERY OR CREMATORY (County) REMOVAL (Specify) LOUDEN 9 Maryland 250. RECD BY REGISTRAR 24. FUNERAL DIRECTOR VR A15 (4) 25M 1/67 Funeral Home, Havre de Grage.



MARYLAND STATE DEPARTMENT OF HEALTH Division of STATISTICAL RESEARCH AND RECORDS, 301 W. PRESTON STREET, BALTIMORE, MARYLAND 21201 13262CERTIFICATE OF DEATH The law requires that the death certificate be executed within 24 haurs after death. 2. USUAL RESIDENCE (Where deceased lived, if institution: Residence before admission) PLACE OF DEATH in by the funera a. COUNTY b. COUNTY n. STATE (ecil MARYLAND Maruland c. CITY OR TOWN (If outside carporate limits write RURAL and give nearest town) b CITY OR TOWN ( f outside corporate limits. CLENGTH OF STAY IN 16 write RURAL and give negrest town) signed by the attending physician and campletely filled in by the burial-transit permit. Then please remave carboth papers. Pagbural, cremation, ar remaval, and in any event, within 72 haurs dau d NAME OF HOSPITAL OR INSTITUTION (If not in hospital, give street oddress) e IS RESIDENCE ON A FARM? d STREET ADDRESS Rt. 222 Frenchtown Road YES NO DE 4 DATE 3. NAME OF Middle First Lost Doy Year OF DEATH DECEASED Bessie 19 (Type or print) DATE OF BIRTH AGE (In years IF LINDER 1 YEAR IF UNDER 24 HRS S SFX 6 COLOR OR RACE 7 MARRIED NEVER MARRIED \_birthday) Months Dovs Hours Female WIDOWED DIVORCED au. 11 SIRTHPLACE (County & State, or fare-an country) 12. CITIZEN OF WHAT 10g USUA, OCCUPATION (Give kind of work done KIND OF BUSINESS OR during most of working life every if retired)
Howe Wile COUNTRY? INDUSTRY Maruland 14 MOTHER SMAIDEN NAME 13. FATHER'S NAME William INFORMANT WAS DECEASED EVER IN U.S. ARMED FORCES? 16. SOCIAL SECURITY NO. (Yes, no, or unknown) (If yes give wor or dates of service) Unknown Margaret no INTERVAL BETWEEN 18. CAUSE OF DEATH (Enter only one cause per line for (a), (b), and (c), Page 4 may be retained by the haspital ar attending physician.

TO FUNERAL DIRECTOR: After this certificate has been signed by the director, page 3 shauld be detached far use as the burial-transit ONSET AND DEATH PART I DEATH WAS CAUSED BY IMMEDIATE CAUSE (a) DUE TO Conditions if any, which gave rise ta immediate cause (a). DUE TO stating the underlying cause far use as the Health priarta last. WAI AUTOPSY PART II, OTHER SIGNIFICANT CONDITIONS CONTRIBUTING TO DEATH BUT NOT RELATED TO THE TERMINAL DISEASE CONDITION GIVEN IN PART 1(o) PERFORMED? NO 20b. DESCRIBE HOW INJURY OCCURRED. (Enter nature of injury in Part I or Part II of item 18.) 20g. ACC DENT WAS UNDERLYING OR CONTRIBUTING CAUSE OF DEATH (IF EITHER, NOTIFY MEDICAL EXAMINER) State Dept. 20e. PLACE OF INJURY (Home, farm, (City or town) (County) (State) 20d. INJURY OCCURRED 20c. TIME OF INJURY Month, Doy, Year factory, street, affice bldg., etc.) Haur o.m. Not While 19 ot wark at work 21. I certify that (i) (this haspital) attended the deceased fram [[12] 4] director, page 3 shauld shauld shauld be filed with the S 11P. M. fram causes and an the date stated above 1967 and that death accurred at. saw the deceased alive an\_ 22a, SIGNATURE ATTENDING PHYS. MED DIRECTOR M.D. 22d. ADDRESS 22c. PHYSICIAN'S NAME (Type) Port Deposit Larence 23d. LOCATION (City or Town) 23b. DATE THEREOF 23c NAME OF CEMETERY OR CREMATORY (County) (Stote) 23a. BURIAL CREMATION, VR A1II (4) 20 M 1/66 Patterson & Son, Perryvelle, DATE



MARYLAND STATE DEPARTMENT OF HEALTH Division of STATISTICAL RESEARCH AND RECORDS, 301 W. PRESTON STREET, BALTIMORE, MARYLAND 21201 CERTIFICATE OF DEATH 13763 PHYSICIAN: The low requires that the death certificate be executed within 24 hours after death 2 USUAL RESIDENCE (Where deceased lived, if institution: Residence before admission) PLACE OF DEATH o. COUNTY a STATE b. COUNTY MARYLAND hours afte b. CITY OR TOWN (If outside carporote limits, c. LENGTH OF STAY IN 1b c. CITY OR TOWN (If autside carparate limits, write RURAL and give necrest town) write RURAL and give nearest town) Fast North ulled in apers. d. STREET ADDRESS IS RESIDENCE ON A FARM? d NAME OF HOSPITAL OR INSTITUTION (If not in hospital, give street address) S. Main (0 YES NO C NAME OF First Middle Last 4. DATE Month Day Year DECEASED 0F Kenecco 19 6 " land (Type or print) DEATH IF UNDER IF JNDER 24 HR SEX 6 COLOR OR RACE 7. MARRIED NEVER MARRIED DATE AGE (In years last birthday) Months Doys Hours Min. remove WIDOWED DIVORCED ond in ony puo 10b. KIND OF BUSINESS OR BIRTHPLACE (County & State, or foreign country) 12 CITIZEN OF WHAT 100 USUA, OCCUPATION (Give kind of work done please during most of working life, even if retired) COUNTRY? INDUSTRY physician Housening 13. FATHER'S NAME 14. MOTHER'S MAIDEN NAME burial, cremotian, or removal, ottending phys HICK & SCU DV 17 INFORMANT WAS DECEASED EVER IN U.S. ARMED FORCES? 16. SOCIAL SECURITY NO (Yes, no, or unknown) (If yes give wor or dotes of service Ornor (105h. -6/62 -20-5 INTERVAL BETWEEN CAUSE OF DEATH (Enter only one cause per line for (a), (b), and (c). signed by the buriol-transit p ONSET AND DEATH PART I. DEATH WAS CAUSED BY Cenebral IMMEDIATE CAUSE (a) Page 4 may be retained by the haspital or attending physician. DUE TO 36 hours of cerebrolarteries Atherosilanosis Conditions, if any, which gove rise ta immediate cause (a). DUE TO stating the underlying cause be detached far use as the Stote Dept. of Health prior to has been last. WAS AUTOPS! PERFORMED? PART II. OTHER SIGNIFICANT CONDITIONS CONTRIBUTING TO DEATH BUT NOT RELATED TO THE TERMINAL DISEASE CONDITION GIVEN IN PART 1(a) CERTIFICATION NO FUNERAL DIRECTOR: After this certificate 205. DESCRIBE HOW INJURY OCCURRED. (Enter nature of injury in Part I ar Part II of item 18.) 20g. ACCIDENT WAS UNDERLYING OR CONTRIBUTING CAUSE OF DEATH (IF EITHER, NOTIFY MEDICAL EXAMINER) 20d, INJURY OCCURRED 20e. PLACE OF INJURY (Home, farm, (City or town) (County) (State) 20c TIME OF INJURY Month, Day, Year Haur o.m. factory, street, office bldg., etc.) Nat While O HOSPITAL OR ATTENDING at wark 21. I certify that (1) (this hospital) attended the deceased fram. Oct. 10, 1967, to Oct. 11 19.6 7 that (4) (we) las 19/67, and that death accurred at 930 PM, fram causes and an the date stated above saw the deceased alive an\_ Oct. 11 22b. DATE SIGNED 22o. SIGNATURE ATTENDING STAFF PHYS. director, page 3
-should be filed v M.D. DIRECTOR PHYS. 22d ADDRESS 22c PHYSICIANS NAME (Type) Umon Hospital OLKIH NAME OF CEMETERY OR CREMATORY 23d. LOCATION (City or Town) (Stote) 23a BURIAL CREMATION. DATE THEREO 23€. (County) REMOVAL (Specify) 2 U119 250. RECD BY REGISTRAR 25b. REGISTRAR'S SIGNATURE 24. FUNERAL DIRECTOR VR A15 DATECO 20 M 1/66



MARYLAND STATE DEPARTMENT OF HEALTH DIVISION OF VITAL RECORDS, 301 W. PRESTON STREET, BALTIMORE, MARYLAND 21201 13764 CERTIFICATE OF DEATH PLACE OF DEATH 2 USUAL RESIDENCE (Where deceased lived, if institution Residence before admission) a. COUNTY " STATESTRICT OF COLUMBIA" Cecil MARYLAND b (ITY OR TOWN (If outside corporate I mits, write RURAL and give nearest tawn)

Perry Point c LENGTH OF STAY IN 16 c. CITY OR TOWN (If outside corporate a mits, write RURAL and give nearest town) Washington 20 days d. NAME OF HOSPITAL OR INSTITUTION (If not in haspital, give street address) d STREET ADDRESS e IS RESIDENCE 2149 N St N W. VA Hospital YES NOXEX OR ATTENDING PHYSICIAN: The law requires that the death certificate be executed within 3. NAME OF Middle Lost 4. DATE Month Doy DECEASED 0F Thurman FINCH (Type or print) October and in any event, DEATH 1967 S SEX 6. COLOR OR RACE 9. AGE (In years 7 MARRIED NEVER MARRIED 8 DATE OF BIRTH IF UNDER IF UNDER 24 HRS lost birthday) 1 16 16 Months Hours Male Negro WIDOWED DIVORCED 100 USUAL OCCUPATION (Give kind of work done 11. BIRTHPLACE (County & State, or foreign country) 10b, KIND OF BUS NESS OR 12 CITIZEN OF WHAT during most of working life, even if retired) INDUSTRY COUNTRY? Wilson, North Carolina Tire changer 13. FATHER'S NAME 14. MOTHER'S MAIDEN NAME ar remaval, (D) Fanny George Finch 17 INFORMANT 15 WAS DECEASED EVER IN U.S. ARMED FORCES? 16 SOCIAL SECURITY NO Address (Yes, no, or unknown) (If yes give war or dates of service) 231 12 26 91 VA Hospital Records - Perry Point, Md INTERVAL BETWEEN 18. CAUSE OF DEATH (Enter only one couse per ne for (o), (b), and (c) )
PART I. DEATH WAS CAUSED BY:

IMMEDIATE (AUSE (a) Cancer of stomach w/liver metastasis DUE TO Conditions, if any, which gave 3 (b) rise to immediate couse (a), DUE TO stoting the underlying couse

20d INJURY OCCURRED

ot work

Not While

PART II, OTHER SIGNIFICANT CONDITIONS CONTRIBUTING TO DEATH BUT NOT RELATED TO THE TERMINAL DISEASE CONDITION GIVEN IN PART 1(9) 20o. ACCIDENT WAS UNDERLYING [

OR CONTRIBUTING CAUSE OF DEATH (IF EITHER, NOTIFY MEDICAL EXAMINER) 20c. TIME OF NJURY Month, Doy, Year Hour a m

21. I certify that (1) (this haspital) attended the deceased fram 9 29 67, 19 to 10 19 67, 19, that the consistence and an the date stated above 220 SIGNATURE

GARCIA, M.D.

ATTENDING MED DIRECTOR

20b. DESCRIBE HOW INJURY OCCURRED. (Enter nature of injury in Port 1 or Port 11 of item 18)

20e PLACE OF INJURY (Home, form

foctory, street, office bidg , etc.)

STAFF PHYS

(City or town)

10-20-67 VA Hospital - Perry Point, Md.

230 BURIAL CREMATION. 23b DATE THEREOF REMOVAL (Specify)

23c NAME OF CEMETERY OR CREMATORY

22d. ADDRESS

23d LOCATION (City or Town) (County) (Stote) HIGHLAND PARK, P. G.

(County)

22b DATE SIGNED

**GNSET AND DEATH** 

19 WAS AUTOPSY PERFORMED?

NO X

(State)

O FUNERAL DIRECTOR: director, page 3 should be filed v

ar attending physician.

by the haspital

be retained

O HOSPITAL

has been

last.

MEDICAL

22c. PHYSICIAN'S

NAME (Type)

McGuire Funeral Home, Washington, DC

HARMONY

REC'D BY REGISTRAR

2Sb REGISTRAR'S SIGNATURE Otherway Justas



_			13761	CERTIFICATE	OF DEATH	,	13765
	funeration of death.	a.	LACE OF DEATH COUNTY Cecil	MARYLAND	2 USUAL RESIDENCE (W o STATE Virginia	there deceased lived, if institut an Res b COUNTY	dence before admission)
	24 haurs after on the function of the function		CITY OR TOWN (If autside carparate limits, write RURAL and give nearest tawn)  Perry Point	17 days	CCITY OR TOWN (H aut	side carparate limits, write RURAL and	give nearest town)
		d.	NAME OF HOSPITAL OR INSTITUTION (If not in hospitol Veterans Administration)	l, give street address)	d. STREET ADDRESS	th Emerson Stree	et yes No
	requires that the death certificate be executed within 24 hailing physician.  signed by the attending physician and campiteter filled in be build-transit permit. Then please remove caban papers, a burial, cremation, ar removal, and in any event, within 72 ha	3 N D (T	AME OF First ECEASED (ype or print) JAMES	Middle	Lost	4. DATE Month OF DEATH October	Day Year 2 19 6 7
	e executed wand camplere remave car, n any event,		Male White WIDOWE	D DIVORCED	11-1-34	32 yrs. Mant	
	icate be exer sician and co please rema I, and in any	durin		KIND OF BUSINESS OR INDUSTRY		City, N.Y.	CIT ZEN OF WHAT COUNTRY? U.S.A.
	ne death certifica attending physic permit. Then ple ian, ar removal, c	F	rank Flynn (D)	6. SOCIAL SECURITY NO 17 1		t O'Neill (L)	
	atendin permit. ian, ar re	(Yes,	na, ar unknown) (If yes give war ar dates af service) Yes 7-15-56/3-9-63	058-28-2760 VA		Records, Perry	
	equies that the d physician. signed by the attr burial-transit perr burial, cremation,			patic insuffici		massive ascites	INTERVAL BETWEE ONSET AND DEAT Weeks
	es t sicial sicia sicia sicia sici sici sici sici s		O 8 / / DUE TO		jaundice		
	e law requires the trending physician as been signed by as the burial-tra priarta burial, cre		Canditions, if any, which gave rise to immediate cause (a), stating the underlying cause last.  (b) Circles  OUE TO  (c)	crhosis of live	er, Laennec	's	years
	The property of the property o	CATION	PART II OTHER SIGNIFICANT CONDITIONS CONTRIBUTING	G TO DEATH BUT NOT RELATED TO 1	HE TERMINAL DISEASE CON	DITION GIVEN IN PART 1(a)	19 WAS AUTOPS: PERFORMED? YES XX NO
	PHYSICIAN: The haspital or at his certificate his stacked far use Dept. of Health	L GR	OR CONTRIBUTING □ CAUSE OF DEATH (IF EITHER, NOTIFY MEDICAL EXAMINER)	DESCRIBE HOW INJURY OCCURRED.	(Enter nature of injury in P	art I ar Part II af Hem 18)	
	G PHYSICI the haspit this certif detached te Dept. of	MED CAL	Mour own		CE OF INJURY (Hame, form, ary, street, affice bldg., etc.)	20f (Ci*y ar tawn)	(Caunty) (Stat

21. I certify that (this haspital) attended the deceased fram Sept. 15, 1967, to Oct 2 19 67 жжрен хжж жж sow the beaset almost an executive condition of the date stated above 22b. DATE SIGNED 22g SIGNATURE ATTENDING PHYS. MED. DIRECTOR STAFF PHYS 10-2-67 22d. ADDRESS 22c. PHYSICIAN'S NAME (Type)

L. MOONEY, M.D. 23b DATE THEREOF 23c NAME OF CEMETERY OR CREMATORY 23a. BURIAL, CREMATION, Culpeper Nat. Cem.

23d LOCATION (City or Town) Culpeper

VAH, Perry Point, Md.

Chlpeper Va.

(State)

(County)

TO FUNERAL DIRECTOR: After

O HOSPITAL OR ATTENDIN

Page 4 may be retained by

Home, 3245 Wilson Blvd., DAOGT 4 1967



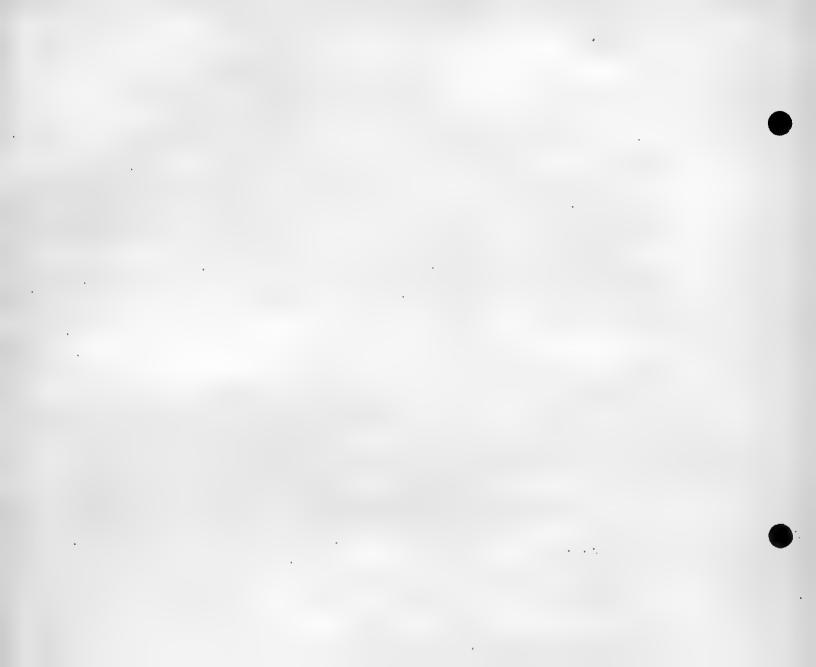
1	DIVISION-OF STATISTICAL RESEARCH A	ND RECORDS, 301 W. PRESTON S	TREET, BALTIMORE 1, MARYLAND
2 -	₹\$7 <b>69</b> CE	RTIFICATE OF DEATH	15372
death. funeral and 2 death.	1. PLACE OF DEATH	2. USUAL RESIDENCE (W	Vhere deceased lived, If Institution: Residence before admission)
p prob	a. COUNTY (ecil	MARYLAND a. STATE Marula	and b. COUNTY (ecil
# AE AE			Ide corporate limits, write RURAL and give nearest town)
	Elkton 2	yrs. Penny	wille
2 h 2 h 2	d. NAME OF HOSPITAL OR INSTITUTION (If not in hospital, g)		e. IS RESIDENCE ON A FARM?
24 h filled papers iin 72	Devin Nursing Home		YES NO
icate be executed within 2 physician and completely fil in please remove carbonypal val, and in any event, within	3. NAME OF First	Middle Last 4.	DATE Month Day Year
Tage I	(Type or print) Many	R. George	DEATH October 30, 1967
executed and com remove o any ever	5. SEX   6. COLOR OR RACE   7. MARRIED   NEVE	R MARRIED 8. DATE OF BIRTH	9. AGE (In years IF UNDER I YEAR IF UNDER 24 HRS last birthday) Months Days Hours Min.
and dremov	Female (au.   WIDDWED	DIVORCED _ Aug. 26, 1883	64 yrs.
in de di	10a, USUAL OCCUPATION (Give kind of work done   10b, KIND OF BU during most of working ) fee, even if retired) INDUSTRY	SINESS OR 11. BIRTHPLACE (County	& State, or foreign country) 12. CITIZEN OF WHAT COUNTRY?
rsici leas and	House Wife	Maryland.	USA
da ii.	13. FATHER'S NAME	14. MOTHER'S MAIDEN N	NAME
	Joseph Thompson		Bouchelle
or r	15. WAS DECEASED EVER IN U.S. ARMED FORCES? 16. SOCIAL SE (Yes, no, or unknown) (If yes give war or dates of service)		Address
aw requires that the death certificate be trending physician. Has been signed by the attending physician as the burial-transit permit. Then please prior to burial, cremation, or removal, and i	No Unkno	un L. Osmond Yeorge	
physician. physician. signed by the attending ph burial-transit permit. Then p burlal, cremation, or removal	18. CAUSE OF DEATH (Enter only one cause per line for (a)		INTERVAL BETWEEN ONSET AND DEATH
ing physician. seen signed by he burial-trans to burlal, crer	PART I. DEATH WAS CAUSED BY: 5 Mgs.	che preumann	2 drye
Sich gae laft lal,	DUE TO	1	
n si bur bur	Conditions, if any, which gave rise to immediate (b)		
been the bi	cause (a), stating the DUE TO		
as oric	underlying cause last. ) (c)	EATH DISTRICT DELATED TO THE TEDMINAL DISE	ASECONDITION GIVEN IN PART 1(a) 19. WAS AUTDPSY PERFORMED?
ificate h for use Health p	PART II. OTHER SIGNIFICANT CONDITIONS CONTRIBUTING TO D  LOW GOVERNMENT OF THE CONTRIBUTING TO CAUSE OF DEATH  OR CONTRIBUTING TO CAUSE OF DEATH  (IF EITHER, NOTIFY MEDICAL EXAMINER)	To the state of	PERFORMED? YES NO D
this certificate detached for use Dept. of Health	20a, ACCIDENT WAS LINDERLYING TO 20b, DESCRIBE	HOW INJURY OCCURRED, (Enter nature of Injury)	70777
5.5.2	20a. ACCIDENT WAS UNDERLYING   20b. DESCRIBE OF CONTRIBUTING   CAUSE OF DEATH   (IF EITHER, NOTIFY MEDICAL EXAMINER)	THE THE SECOND STATE OF THE SECOND STATE OF THE	,
be detache State Dept.		CURRED   20e. PLACE DF INJURY (Home, farm,	20f. (City or town) (County) (State)
After tr d be de' s State [	Hour a.m. While Not V	While factory, street, office bidg., etc.)	
d be e Stat		vork	to 10 - 70 , 1967 , that (I) (we) las
R. A	21. I certify that (I) (this hospital) attended the discount the decreased alive pro 10-20	oceased from 11 23 , 1952	M, from the causes and on the date stated above
Sh sh	saw the deceased alive on 10-76 1	, and that death occurred at a	22b. DATE SIGNED
be retained DIRECTOR: A ge 3 should ed with the	I Really Amelous In	M.D. PHYS. MED.	ector Phys. 10/30/61
4 may ERAL D cor, pag d be file	22c. PHYSICIAN'S NAME (Type)	22d. ADDRESS	40
NER T	NAME (TYPO) J. KALPHANDRE	INS JRMD EL	KTON, MARKLAND
rage 4 indy by retained  To FUNERAL DIRECTOR: Should be filed with the	23a. BURIAL, CREMATION, 23b. DATE THEREOF 23c. N	IAME OF CEMETERY OR CREMATORY	23d. LOCATION (City, town or county) (State)
5 %	Durial Nov. 2, 1'167	Hopewell (emetery	Port Deposit anyland
131	24. FUNERAL CHECTOR THEOLOGY CA	DDRESS 45a. REC'D	BY REGISTRAR 255. REGISTRARS SIGNATURE
5 (4) 3-64	Lee 1. atterson & on, erryvi	lle, Maryland, DATENOV	8 1967 Icharles Judge

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MARYLAND STATE DEPARTMENT OF HEALTH



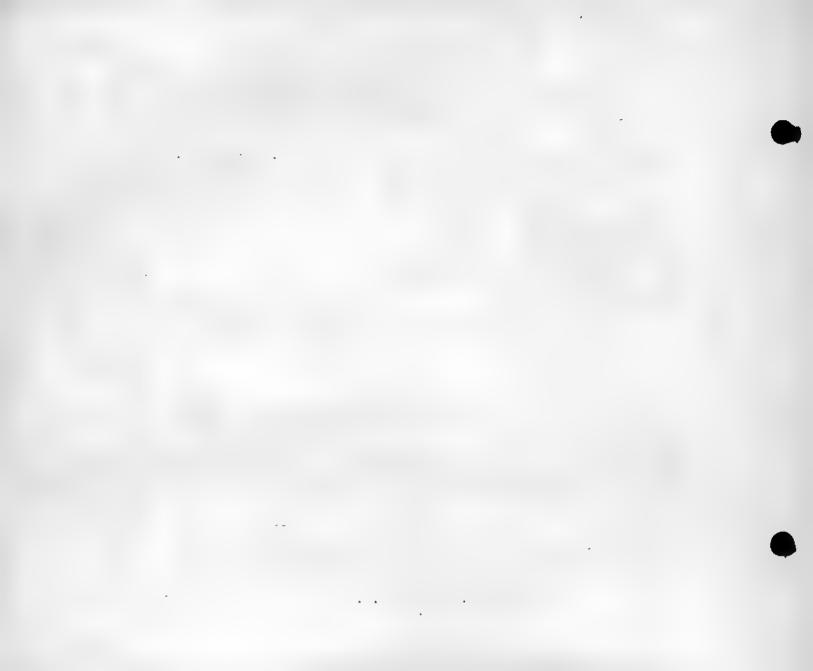
MARYLAND STATE DEPARTMENT OF HEALTH Division of STATISTICAL RESEARCH AND RECORDS, 301 W. PRESTON STREET, BALTIMORE, MARYLAND 21201 65 CERTIFICATE OF DEATH PHYSICIAN: The law requires that the death certificate be executed within 24 haurs after death. 1. PLACE OF DEATH 2 USUAL RESIDENCE (Where deceased aved, if institution Residence before admission) a. COUNTY COUNTY a. STATE Maryland MARYLAND Cecil b CITY OR TOWN (If outside corporate limits, c. LENGTH OF STAY IN 15 c. CITY OR TOWN (If outside corporate limits, write RURAL and give nearest town) write RURAL and give nearest town) 20 yrs. Elkton Elkton d NAME OF HOSPITAL OR INSTITUTION (If not in haspital, give street address) d STREET ADDRESS ON A FARM? R.D. 1 Box 274 YES □ NO 🏋 Union Hospital ond in ony event, within 3. NAME OF Middle Last 4. DATE Month Doy Year DECEASED Viola Howell October DEATH (Type ar print) S SEX AGE (In years IF UNDER I YEAR F UNDER 24 HRS 6 COLOR OR RACE 7. MARRIED **NEVER MARRIED** 8 DATE OF BIRTH lost birthday) Months Days Haurs Female White Feb.12. 1895 WIDOWED DIVORCED 10a USUAL OCCUPATION (Give kind of work done 105 KIND OF BUSINESS OR 11 BIRTHPLACE (County & State, or foreign country) 12 CITIZEN OF WHAT during most of working life, even if retired) HOUS CW II'S COUNTRY? INDUSTRY physicion Virginia 14. MOTHER'S MAIDEN NAME 13. FATHER'S NAME cremotion, ar removol, Senate Justice Lilly Belle Justice 17 INFORMANT IS WAS DECEASED EVER IN U.S. ARMED FORCES? 16. SOCIAL SECURITY NO (Yes, no, or unknown) (If yes give war ar dates af service 234-40-7927 Mrs. Inez G. Brooks. Elkton INTERVAL BETWEEN CAUSE OF DEATH (Enter only one couse per line for (a), (b), and (c), signed by the burial-transit p PART I. DEATH WAS CAUSED BY-IMMEDIATE CAUSE (o) Page 4 may be retained by the hospital or oftending physician. DUE TO burial, Canditians if any, which gave rise to immediate cause (a), DUE TO stoting the underlying couse os the prior to this certificate has been RELATED TO THE TERMINAL DISEASE CONDITION GIVEN IN PART 1(a) 19. WAS AUTOPS' PERFORMED? PART II. OTHER SIGNIFICANT CONDITIONS CONTRIBUTING TO DEATH BUT CERTIFICATION use with the State Dept, of Health i YES T NO 205. DESCRIBE HOW INJURY OCCURRED (Enter nature of injury in Part I or Part II of item 18.) 20a ACCIDENT WAS UNDERLYING OR CONTRIBUTING CAUSE OF DEATH detached (IF EITHER, NOTIFY MEDICAL EXAMINER) (State) 20c TIME OF INJURY Manth, Day, Year 20d INJURY OCCURRED 20e. PLACE OF INJURY (Home, form, (City or town) (County) Hour om. Not While foctory, street, office bldg , etc.) at work at work **DIRECTOR:** After , 19 62, to 10 - 42, 1967, that (1) (we) las 21 I certify that (1) (this hospital) oftended the deceased from 2 - 1.5 -1967, and that death occurred at M, from causes and on the date stated above saw the deceased dive on. 22b. DATE SIGNED 22a. SIGNATURE ATTENDING MED. DIRECTOR STAFF LUIS M. CUZA, M.D. PHYS. PHYS 22d. ADDRESS 22c. PHYSICIAN'S 322 E. Cecil Avenue NAME (Type) North East, Md. 21901 director, Should b 23c. NAME OF CEMETERY OR CREMATORY 23d LOCATION (City or Town) (County) (Stote) 23o BURIAL, CREMATION, 23b. DATE THEREOF Elkton Cemeterv Elkton. 2 2So. REC'D BY REGISTRAR ADDRESS 25b. REGISTRAR'S SIGNATURE 24. FUNERAL DIRECTOR **VR A15** 20 M 1/60 for Funerals. Elkton Home Md



MARYLAND STATE DEPARTMENT OF HEALTH 6 3 Division of STATISTICAL RESEARCH AND RECORDS, 301 W. PRESTON STREET, BALTIMORE, MARYLAND 21201 CERTIFICATE OF DEATH PHYSICIAN: The law requires that the death certificate be executed within 24 hayrs after death. 2. USUAL RESIDENCE (Where deceased lived, if institution Residence before admission) PLACE OF DEATH o. COUNTY o. STATE P COUNTA Delamare MARYLAND c. CITY OR TOWN (If outside corporate imits, write RURAL and give nearest town) c LENGTH OF STAY IN 16 b CITY OR TOWN (If outside corporate limits, write, RURAL and give nearest town) crematian, ar remayal, and in any event, within 72 hours Newark d NAME OF HOSP TAL OR INSTITUTION (If not in hospital, give street address) d STREET ADDRESS e IS RESIDENCE ON A FARM? Union Hospital 24 Center St. NO A YES 4. DATE 3 NAME OF Middle Month Year DECEASED OF DEATH October 21,196% Josephine L. Lacey (Type or print) 6 COLOR OR RACE White S SEX 8. DATE OF BIRTH 9. AGE (In years IF UNDER 24 HRS 7. MARRIED NEVER MARRIED 82 birthdoy) Months Female Hours May 22,1885 WIDOWED IX DIVORCED 10b. KIND OF BUSINESS OR 11 BIRTHPLACE (County & State, or foreign country) 12 CITIZEN OF WHAT 100. US JAL OCCUPATION (Give kind of work done during most of working the even if retired)
Housewife **COUNTRY?** INDUSTRY New Jersey USA 14. MOTHER'S MAIDEN NAME 13. FATHER S NAME Katherine Sherman August Hertzer 17. INFORMANT Address IS WAS DECEASED EVER IN U.S. ARMED FORCES? 16. SOCIAL SECURITY NO. permit. (Yes, no, or unknown) (If yes give wor or dotes of service) Edmund Lacey Newark, Delaware 18 CAUSE OF DEATH (Enser only one couse per line for (o), (b), and (c).)
PART I. DEATH WAS CAUSED BY: INTERVAL BETWEEN signed by the burial-transit PONSET AND DEATH IMMEDIATE CAUSE (o) Page 4 may be retained by the haspital ar attending physician. DUE TO Conditions, if ony, which gove rise to Immediate couse (a), DUE TO stating the underlying couse DIRECTOR: After this certificate has been shape be detached far use as the with the State Dept. of Health prior to WAS AUTOPSY PERFORMED? PART II OTHER SIGNIFICANT CONDITIONS CONTRIBUTING TO DEATH BUT NOT RELATED TO THE TERMINAL DISEASE CONDITION GIVEN IN PART 1(o) CERTIFICATION NO YES 20b. DESCRIBE HOW INJURY OCCURRED. (Enter noture of injury in Port I or Port II of item 18.) 20o. ACCIDENT WAS UNDERLYING ... OR CONTRIBUTING I CAUSE OF DEATH (IF EITHER, NOTIFY MEDICAL EXAMINER 20e PLACE OF INJURY (Home, form, (Stote) 20c. TIME OF INJURY Month, Day, Year 20d INJURY OCCURRED (City or town) (County) Hour om Not While foctory, street, office bldg , etc.) OR ATTENDING ot work 21. I certify that (Mithis haspital) attended the deceased from och 18, 1967, ta och 21, 1967, that (9) (we) las saw the deceased alive on och 21, 1967, and that death accurred at 55pM, from causes and on the date stated above 22b DATE SIGNED 22o. SIGNATURE **ATTENDING** Oct. 2/1/967 DIRECTOR director, page should be filed v M.D. PHYS. 22d. ADDRESS 22c. PHYSIC, AN SC FUNERAL NAME (Type) Union Itaen Elkton, Md 23c. NAME OF CEMETERY OR CREMATORY BURIAL, CREMATION, REMOVAL (Specify) 23d LOCATION (City or Town) 23b DATE THEREOF (County) (Stote) 10/23/67 Restland Cem. Hanover, New Jersey 2 25b. REGISJRAR'S SIGNATURE 25o. REC'D BY REGISTRAR 24. FUNERAL DIRECTOR VR A15 (4) 20 M 1/66



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executed within inding" in pencil Medical Examine t permit. File pagi	1\$. (Ye	1 101	INFORMANT Address ARLES A LEGATES N	Line Carte
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d be executed within 24 haurs aft d'ipmoling'' in pencil in Item 18. ( Chief Medical Examiner's Office allo transit permit. File pages Tand 2 with event within 72 haurs after death.		18 CAUSE OF DEATH (Enter only one couse per line for (a), (b), ond (c) ) PART I DEATH WAS CAUSED BY.	l and thoracic injuries	ONSET AND DEATH
shauld be en ward "pull on the Chief burial-transit		S16. 4 IMMEDIATE CAUSE (o) CPUTIOCETED PAI	and thoracte injuries	
e shauld the ward to the Ch surial-tra		Conditions, if any, which gave ) (b)		
the state of the s		rise to immediate couse (o), Stoting the underlying couse DUE TO		
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TO DEPUTY MEACAL EXAM necessary, please execute the funeral director Page 4 5 may be retained for your TO FUNERAL DIRECTOR: Page Health prior to burial, crema		NAME (Type) : Edward F. Wilson M.D.		tober 9, 1967
nece the 5 min	230		CREMATORY 238 LOCATION (City or Town	0.4
	2/	FUNRAL DIRECTOR  FUNRAL DIRECTOR  ADDRESS  ADDRESS	2So RECD BY REG STRAR 2Sh REG	STRAR'S SIGNATURE
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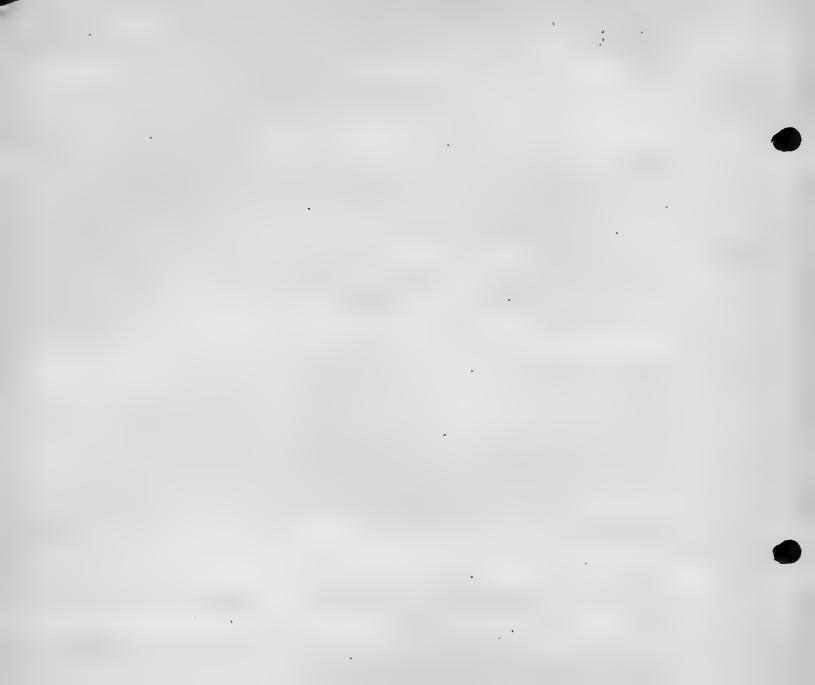
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DIVISION OF STATISTICAL RESEARCH AND RECORDS, 301 W. PRESTON STREET, BALTIMORE 1. MARYLAND OF DEATH 1. PLACE OF DEATH 2. USUAL RESIDENCE (Where deceased lived, If institution; Residence before education) a. COUNTY b. COUNTY MARYLAND c. CITY OR TOWN (If outside corporete limits, write RURAL and give naarest town) b. CITY OR TOWN lif outside comprate limits. c. LENGTH OF STAY IN 16 write RURAL and give nagrast town d. NAME OF HOSPITAL OR INSTITUTION (if not in hospital, give street address) d. STREET ADDRESS ON A FARM? YES INO P 3. NAME OF 4. DATE compl DECEASED (Type or print) DEATH 5. SEX AGE (In years | IF UNDER 1 YEAR Pug 7. MARRIED THEYER MARRIED T last birthday) Months requires that the death certificate WIDOWED DIVORCED attending physician гетоме 10s. USUAL OCCUPATION (Give kind of work BIRTHPLACE (County & State, of foreign country) 12. CITIZEN OF WHAT COUNTRY done duting most of working life, evan if retired) 13. FATHER'S NAME .⊆ MOTHER'S MAIDEN NAME ā removal 16. SOCIAL SECURITY NO. | 17. INFORMANT After this certificate has been signed by the attending physician. CAUSE OF DEATH (Entar only one cause per line for (a), (b), and (c). 5 ONSET AND DEATH PART I. DEATH WAS CAUSED BY: cremation IMMEDIATE CAUSE IN as the burial-transit DUE TO gave rise to immadiate cause DUE TO (a), stating the underlying the hospital or causa last. PART II. OTHER SIGNIFICANT CONDITIONS CONTRIBUTING TO DEATH BUT NOT RELATED TO THE TERMINAL DISEASE CONDITION GIVEN IN PART 1(a) 19. WAS AUTOPSY CERTIFICATION PERFORMED? prior NO for 20a ACCIDENT WAS UNDERLYING 20b. DESCRIBE HOW INJURY OCCURRED. (Entar nature of Injury in Part I or Part II of Itam 18.) OR CONTRIBUTING [ ] CAUSE OF DEATH detached (IF EITHER, NOTIFY MEDICAL EXAMINER 20c. TIME OF INJURY 20d. INJURY OCCURRED | 20e. PLACE OF INJURY (Homa, farm, 1 20f. (City or town) Month, Day, Year (County) (State) of factory, street, office bldg., etc.) Whila Not While Hour a.m. DIRECTOR at work at work p.m. ......., and that death occurred at 2 54 M, from the causes and on the date stated above saw the deceased alive on. 22a. SIGNATURE 22b, DATE MED. SIGNED **ATTENDING** STAFF FUNERAL PHYS. DIRECTOR PHYS. Page M.D. 22d. ADDRESS 22c. PHYSICIAN'S director, 1 NAME (Type) NAME OF CEMETERY OR CREMATORY LOCATION 23a. BURIAL, CREMATION, | 23b. 23c. (Specify) 25b. REGISTRAR'S SIGNATURE 25a. REC'D BY REGISTRAR DIRECTOR'S SIGNATURE DAT 20M S-63

DEPARTMENT OF HEALTH



MARYLAND STATE DEPARTMENT OF HEALTH Division of STATISTICAL RESEARCH AND RECORDS, 301 W. PRESTON STREET, BALTIMORE, MARYLAND 21201 1.32774 CERTIFICATE OF DEATH 24 hours after death. 2. USUAL RESIDENCE (Where deceased lived, if institution: Residence before admission) PLACE OF DEATH o. COUNTY b. COUNTY CECIL MARYLAND b CITY OR TOWN (if outside corporate +mits, CLENGTH OF STAY IN 1b CITY OR TOWN (If autside comparate limits, write RURAL and give negrest tawn) write RURAL and give negrest town) ELETON e IS RESIDENCE ON A FARM? d. NAME OF HOSPITAL OR INSTITUTION (If nat in hospital, give street address) d STREET ADDRESS YONE NO 🕖 The law requires that the death certificate be executed within 3. NAME OF Middle DATE Year event, wit Day DECEASED 1967 (Type or print) DEATH IF INDER 1 YEAR **JE UNDER 24 HRS** S SEX NEVER MARRIED 8 DATE OF BIRTH AGE (In years 6 COLOR OR RACE 7. MARRIED last birthday) Months Doys Haurs WIDOWED TO crematian, ar remaval, and in any DIVORCED 10g USUAL OCCUPATION (Give kind of work done IDb. KIND OF BUSINESS OR 12. CITIZEN OF WHAT 11 BIRTHPLACE (County & State, or foreign country) during most of working life, even if retired) COUNTRY? INDUSTRY attending physician sermit. Then please WILMINGTON, NURCINE 13 FATHER'S NAME 14. MOTHER'S MAIDEN NAME BAIL MY CORNEICK MARL 15. WAS DECEASED EVER IN J.S ARMED FORCES? 16. SOCIAL SECURITY NO. 17. INFORMANT Address (Yes, no, or unknown) ((If yes give war or dates of service) ELATON, MD. 147-12-7077 ELSIE CAUSE OF DEATH (Enter only one cause per line for (a), (b), and (c).) INTERVAL BETWEEN ONSET AND DEATH burial-transit PART I. DEATH WAS CAUSED BY IMMEDIATE CAUSE (o) signed by the haspital ar attending physician. DUE TO Conditions, if any, which gove rise to immediate cause (a), DUE TO stating the underlying couse WAS AUTOPSY PERFORMED? PART II. OTHER SIGNIFICANT CONDITIONS CONTRIBUTING TO DEATH BUT NOT RELATED TO THE TERMINAL DISEASE CONDITION GIVEN IN PART 1(0) use be detached far use State Dept. af Health YES Z NO F this certificate 2Do ACCIDENT WAS UNDERLYING 205, DESCRIBE HOW INJURY OCCURRED. (Enter noture of injury in Port I or Port II of item 18.) OR CONTRIBUTING CAUSE OF DEATH (IF EITHER, NOTIFY MEDICAL EXAMINER) 20e PLACE OF INJURY (Home, form, (City or town) (Stote) 20c TIME OF INJURY Month, Day, Year 2Dd INJURY OCCURRED (County) factory, street, office bldg , etc.) Haur om. Not While at work Page 4 may be retained by 21. I certify that (1) (this pospital) attended the deceased from An 1962 that (1) (we) last 1967, and that death accurred at M. fram causes and an the date stated above saw the deceased alive an \_\_\_\_\_ 220. SIGNATURE 22b. DATE SIGNED DIRECTOR M.D. 22d. ADDRESS 22c. PHYSICIAN'S O HOSPITAL FUNERAL NAME (Type) director, should b 23a. BURIAL, CREMATION, 23b. DATE THEREOF 23c NAME OF CEMETERY OR CREMATORY 23d. LOCATION (City or Town) (Stote) REMOVAL (Specify) 10-21-67 5/LUERBROOK WILMINGTON NEW CASTIE 0 25b. REGISTRAR'S SIGNATURE 25g. REC'D BY REGISTRAR FUNERAL DIRECTOR Misules Judge VR A15 [4] IPPIN FUNERAL 20 M 1/66



MARYLAND STATE DEPARTMENT OF HEALTH DIVISION OF VITAL RECORDS, 301 W. PRESTON STREET, BALTIMORE, MARYLAND 21201 13775 CERTIFICATE OF DEATH OR ATTENDING PHYSICIAN: The law requires that the death certificate be executed within 24 hours after death funeral 1 aind PLACE OF DEATH 2 USUAL RESIDENCE (Where deceased lived, if institution Residence before admission) p. COUNTY o. STATE. b. COUNTY Cecil Cecil MARYLAND b. CITY OR TOWN (If outside corporate limits, write RURAL and give nearest town) c LENGTH OF STAY IN 1b c CITY OR TOWN (If outside carporate iimits, write RURAL and give nearest town) D.O.A. North East Elkton Rural d NAME OF HOSPITAL OR INSTITUTION (If not in hospital, give street address) d STREET ADDRESS e IS RESIDENCE ON A FARM? Affled Union Hospital R.F.D. # NO No YES 3. NAME OF First Middle carban 4 DATE Month Doy Year DECEASED 18 19 67 Eston Oct. (Type or pant) Carroll Pvle DEATH crematian, or remaval, and in any event. S SEX 9. AGE (In years IF UNDER 1 YEAR IF UNDER 24 HRS 6 COLOR OR RACE 7 MARRIED X 1 8. DATE OF BIRTH NEVER MARRIED Months Jost birthdoy) Days Hours Maile White WIDOWED DIVORCED 100 USJAL OCCUPATION (Give kind of work done 10b KIND OF BUSINESS OR 11 BIRTHPLACE (County & State, or foreign country) 12 CITIZEN OF WHAT during most of working life, even if retired) COUNTRY A attending physician sermit. Then please Const. Co Cecil Co. Maryland 13 FATHER'S NAME 14. MOTHER'S MAIDEN NAME Ida Rock Casper Pyle 15. WAS DECEASED EVER IN U.S. ARMED FORCES? 16 SOCIAL SECURITY NO. 17. INFORMANT Address permit. (Yes, no, or unknown) (If yes give wor or dates of service) 216-16-3715 Mrs. C. Easton Pvle same\_as NTERVAL BETWEEN 18 CAUSE OF DEATH (Enter only one couse per line for (a), (b) and (c)) signed by the burial-transit p ONSET AND DEATH PART I DEATH WAS CAUSED BY. Declusion IMMEDIATE CAUSE (o) DUE TO burial, nortenius Cardio-Vancolar Discor 3400 Conditions, if ony, which gove rise to immediate cause (a), DUE TO stating the underlying couse Page 4 may be retained by the haspital ar attending O FUNERAL DIRECTOR: After this certificate has been #e prior ta SD 19 WAS AUTOPSY PERFORMED? PART II OTHER SIGNIFICANT CONDITIONS CONTRIBUTING TO DEATH BUT NOT RELATED TO THE TERMINAL DISEASE CONDITION GIVEN IN PART 1(c) 3 shauld be defathed for use with the State Dept. of Health NO X YES 200 ACC DENT WAS UNDERLYING □ 20b DESCRIBE HOW INJURY OCCURRED (Enter noture of injury in Port I or Port II of item 18.) OR CONTRIBUTING CAUSE OF DEATH (IF EITHER, NOTIFY MEDICAL EXAMINER MEDICAL 20d INJURY OCCURRED 20s. PLACE OF INJURY (Home, form, (Stote) 20c. TIME OF INJURY Month, Doy, Year (City or town) (County) Hour o.m. factory, street, office bldg., etc.) Not While ot work 1967, that (1) (we) last 2). I certify that (1) (this hospital) attended the deceased fram, 1967 to 1967, and that death a urred at GA. M. fram causes and an the date stated above. saw the deceased alive an 22p. SIGNATURE 22b. DATE SIGNED Huclour ATTENDING M.D DIRECTOR filed 22d. ADORESS 22c PHYSICIAN S O HOSPITAL H. HUEBNER NAME (Type) H.D NORTH EAST. director, I 23o. BUR AL, CREMATION 23c NAME OF CEMETERY OR CREMATORY 23b DATE THEREOF 23d. LOCATION (City or Town) (Stote) ((ounty) REMOVAL (Specify) Calvert Md Rose Bank 0 FUNERAL DIRECTOR Rising Sun. Md DATE





MARYLAND STATE DEPARTMENT OF HEALTH DIVISION OF VITAL RECORDS, 301 W. PRESTON STREET, BALTIMORE, MARYLAND 21201 CERTIFICATE OF DEATH OR ATTENDING PHYSICIAN: The low requires that the deoth certificate be executed within 24 hours after deal PLACE OF DEATH 2 USUAL RESIDENCE (Where deceased lived, if institution. Residence before admission) p COUNTY o. STATE Penna. b. COUNTY Cecil MARYLAND b CITY OR TOWN (If outside corporate mits, write RURAL and give nearest town)

Perry Point CLENGTH OF STAY IN 16 c CITY OR TOWN (If outside carparate write, write RURAL and give nearest town) 4 days Delta d NAME OF HOSPITAL OR INSTITUTION (If not in hospital, give street address) d STREET ADDRESS S RESIDENC ON A FARM? filled RD # 1 VA Hospital NO A NAME OF Middle 4 DATE remove carbon Last Doy Year and completely DECEASED Frederick C. SMITH October 19, 1967 and in ony event, (Type or print) DEATH B DATE OF BIRTH IF UNDER 1 YEAR IF UNDER 24 HRS 6 COLOR OR RACE 7. MARRIED TO NEVER MARRIED AGE (In years ost birthdoy) Months Hours 8 12 19 Male White WIDOWED DIVORCED 11 BIRTHPLACE (County & State or foreign country) 10o USUAL OCCUPATION (Give kind of work done 10b. KIND OF BUSINESS OR 12 CITIZEN OF WHAT attending physician o permit. Then please during most of working life, even if retired) Shipbuilding Chester, Pa. 13. FATHER'S NAME 14. MOTHER'S MAIDEN NAME or removal, Clinton (deceased) Ruth Doyle Smith 16. SOCIAL SECURITY NO 17 INFORMANT IS WAS DECEASED EVER IN U.S. ARMED FORCES? (Yes, no, or unknown) (If yes give wor or dates of service) 05 90 69 VA Hospital Records - Perry Point. Md. Yes crematian, INTERVAL BETWEEN 1B. CAUSE OF DEATH (Enter any one couse per line for (o), (b), and (c)) signed by the bursal-tronsit PART I DEATH WAS CAUSED BY ONSET AND DEATH IMMEDIATE CAUSE (a) Acute myocardial infarction 4.101 DUE TO 7-10 days Conditions, if any, which gave Acute cerebral hemorrhage rise to immediate couse (o), DUE TO stating the underlying couse has been prior to last. SO PART II OTHER SIGNIFICANT CONDITIONS CONTRIBUTING TO DEATH BUT NOT RELATED TO THE TERMINAL DISEASE CONDITION GIVEN IN PART 1(o) WAS AUTOPS' PERFORMED? YES XX NO this certificate 20a ACCIDENT WAS JNDERLYING [ 20b. DESCRIBE HOW INJURY OCCURRED (Enter nature of injury in Part I or Part II of item 18) OR CONTRIBUTING [ ] CAUSE OF DEATH (IF EITHER, NOTIFY MEDICAL EXAMINER) 20d INJURY OCCURRED 20e PLACE OF IN. JRY (Hame, form 20c TIME OF th. JRY Month, Doy, Year (City or lown) (County) (Stote) foctory, street, office bldg., etc.) 10 15 67 19 to 10 19 67 19 , MANDARIA MARINE 2) | certify that (this haspital) attended the deceased from\_ be retained specific deserved above and on the date stated above. and that death accurred of his ham causes and on the date stated above. TO FUNERAL DIRECTOR: 226 DATES GNED 22o SIGNATUR ATTENDING MED DIRECTOR 10 20 67 PHYS 22c PHYRICIAN S NAME (Type) 22d ADDRESS GARCIA. M.D R. VA Hospital - Perry Point, Maryland 23c NAME OF CEMETERY OR CREMATORY 23d. LOCATION (City or Town) 230 BURIAL, CREMATION, 23b DATE THEREOF (County) REMOVAL Specify Delta. York Co. . Pa. Oct. 22.1967 Mt. Nebo 24 FUNERAL DIRECTOR MOHEN H. HARKINS 250 REC'D BY REGISTRAR 2Sb REGISTRAR S SIGNATURE ADDRESS Ochanles VR A15 (4) 25M 1/67 24 HARKINS FUNERAL HOME - Delta Penna.



**ADDRESS** 

**FUNERAL DIRECTOR'S SIGNATURE** 

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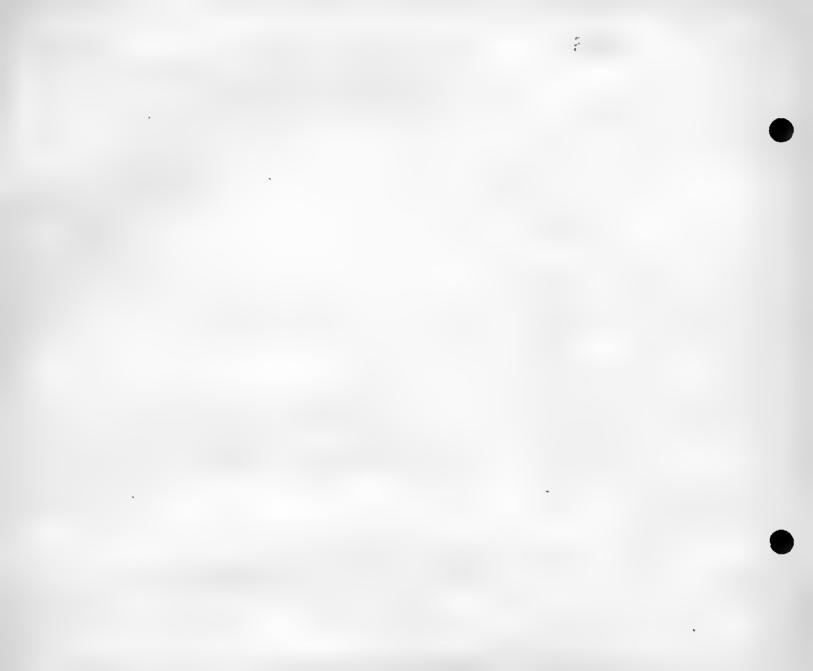
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MARYLAND STATE DEPARTMENT OF HEALTH



MARYLAND STATE DEPARTMENT OF HEALTH DIVISION OF VITAL RECORDS, 301 W. PRESTON STREET, BALTIMORE, MARYLAND 21201 MEDICAL EXAMINER'S CERTIFICATE OF DEATH 1 PLACE OF DEATH 2 USUAL RESIDENCE (Where deceased lived if institution, Residence) o COUNTY 6 COUNTY MARYLAND b CITY OR TOWN (If outside corporate limit
- write RURAL and give negrest tawn) c LENGTH OF STAY IN 16 c CIY OR TOWN (If outside corparate limits, write RURAL and give nearest town) del d NAME OF HOSP TAL OR INSTITUT ON (If not in hospital, give street oddress) d STREET ADDRESS IS RESIDENCE ON A FARM? 00 NONE YES NON in Item 18. Give Poges 24 hours after death 3 NAME OF Middle 4 DATE Month alono de Har First DECEASED 0F (Type or print) AGE (In years IF UNDER 1 YEAR IF UNDER 24 HRS 6. COLOR OR RACE MARRIED last birthday) Months WIDOWED D VOR CED any event within 72 hours after death 1007KIND OF BUSINESS OR BIRTHPLACE (State or foreign country) 12 CITIZEN OF WHAT during most of working life, even if retired) HEALV INDUSTICY CARGUNA 13. FATHER'S NAME 14 MOTHER'S MAIDEN NAME in pencii HARRISOM WADKINS 17 INFORMANT 16. SOCIAL SECURITY NO. be executed (Yes, no, or unknown) (If was give wor or dates of service NIAVIV UNH 2 240-16-2604 18 CAUSE OF DEATH (Enter only one couse per line for (o), (b) and (c) PART I DEATH WAS CAUSED BY. MMEDIATE CAUSE (a) 6 UNS HOT e, writing the word farworded to the Ch This certificate should DUE TO Conditions, if ony, which gove (b) rise to immediate couse (a), DUE TO stoting the underlying couse 19 WAS AUTOPSY PERFORMED? cremotion, or removal, PART I OTHER SIGNIFICANT CONDITIONS CONTRIBUTING TO DEATH BUT NOT RELATED TO THE TERM NAU DISEASE CONDITION GIVEN IN PART I(a) NO X 200 EXTERMAL CAUSE WAS 20b DESCRIBE HOW INJURY OCCURRED (Enter nature of injury in Part 1 or Port II of item 18.) 3 should PRIMARY Sor CONTRIBUTING **EXAMINER:** CAUSE OF DEATH 20e PLACE OF INJURY (Home, form 20c TIME OF INJURY Month\_Dov. foctory street, off ce bldg, etc) Whe of work at work FUNERAL DIRECTOR: Page 21. I certify that I took charge of the remains described above, he d an Autapsy ... Inspection Inquiry [ and in my apinian Natural causes . Accident . Su cide Ham'cide Undetermined manner death resulted from funeral directar. HIEF MEDICAL EXAMINER ACTUAL 22. DATE SIGNED ASSISTANT MEDICAL EXAMINER SIGNATURE Health prior O DEPUTY DEPUTY MEDICAL EXAMINER **EXAMINER'S** NAME (Type) the 23c NAME OF CEMETERY OR CREMATORY 23d LOCAHON (City or Town) BURIAL, CREMATION DATE THEREOF 0 REMOVAL (Specify) UNION METHODIS WILKESBORD 250 REC VR A15ME (5) 6M 1/67 DATE



MARYLAND STATE DEPARTMENT OF HEALTH Division of STATISTICAL RESEARCH AND RECORDS, 301 W. PRESTON STREET, BALTIMORE, MARYLAND 21201 CERTIFICATE OF DEATH 7906 requires that the death certificate be executed within 24 haurs after death death. 2. USUAL RESIDENCE (Where deceased lived, if institution. Residence before admission) PLACE OF DEATH o. COUNTY o. STATE b. COUNTY Marvland Cecil MARYLAND the attending physicion and campletely filled in by the fill set permit. Then please remove corbon papers—Pogès c CITY OR TOWN (if outside carporate limits, write RURAL and give nearest town) b CITY OR TOWN ( f outside corporate limits, c. LENGTH OF STAY IN 16 write RURAL and give necrest town) Elkton Elkton d NAME OF HOSPITAL OR INSTITUTION (If not in hospital, give street oddress) d. STREET ADDRESS e IS RESIDENC ON A FARM Blue Ball Rd. Union Hospital YES NO X please remove corbon pa ond in any event, within 4 DATE 3. NAME OF Middle Lost Month Doy Year DECEASED OF DEATH Whitt (Type or printnfant Garv Wayne Oct 9. AGE ( n years IF JNDER 24 HRS FUNDER 1 YEAR S SEX B DATE OF BIRTH 6 COLOR OR RACE 7 MARRIED NEVER MARRIED lost birthdoy) Months Dovs Hours Oct. White WIDOWED DIVORCED Male 1967 10a JSUAL OCCUPATION (Give kind of work done 10b. KIND OF BUSINESS OR 11 BIRTHPLACE (County & State, or foreign country) 12. CITIZEN OF WHAT COUNTRY? during most of working life, even if retired) INDUSTRY Maryland 14. MOTHER'S MAIDEN NAME 13. FATHER'S NAME ar removol, Arvil Blankenship Alma Whitt 17. INFORMANT 15 WAS DECEASED EVER IN U.S. ARMED FORCES? 16. SOCIAL SECURITY NO. Address (Yes, no, or unknown) (If yes give war or dates of service) Alma Whitt, Elkton, Md. cremation, INTERVAL BETWEEN 1B. CAUSE OF DEATH (Enter only one couse per line for (o), (b), and (c).) signed by the buriof-transit p ONSET AND DEATH PART I. DEATH WAS CAUSED BY: IMMEDIATE CAUSE (o) Page 4 may be retained by the hospital or attending physician. DUE TO min Try Frilan buriol, Conditions, if ony, which gove rise to immediate couse (a). DUE TO as the prior to b stoting the underlying couse O FUNERAL DIRECTOR: After this certificate hos been lost PART II. OTHER SIGNIFICANT CONDITIONS CONTRIBUTING TO DEATH BUT NOT RELATED TO THE TERMINAL DISEASE CONDITION GIVEN IN PART 1(a) WAS AUTOPS CERTIFICATION ed for use of Health p PERFORMED? NO 20b. DESCRIBE HOW INJURY OCCURRED. (Enter nature of injury in Port I or Port II of Item 1B.) 200 ACCIDENT WAS UNDERLYING OR CONTRIBUTING CAUSE OF DEATH be detoched (IF EITHER, NOTIFY MEDICAL EXAMINER 20d. INJURY OCCURRED 20e. PLACE OF INJURY (Home, form, 20f. (City or town) (County) (Stote) 20c. TIME OF INJURY Month, Doy, Year foctory, street, office bldg , etc.) Not While of work of work 0/38 1967 that (I) (we) last 21. I certify that (I) (this haspital) attended the deceased from 16 19 67, and that death accurred a 5:16 A M, fram causes and on the date stated above saw the deceased alive an 16/2 22b. DAJE SIGNED 22o. SIGNATURE DIRECTOR director, page 3 should be filed M.D. PHYS. 22d. ADDRESS 22c PHYSICIAN S NAME (Type) Rolando Najera .05 Main St. Elkton 23d. LOCATION (City or Town) 23b. DATE THEREOF 23c. NAME OF CEMETERY OR CREMATORY (Stote) 230 BURIAL CREMATION 10/29/67 Elkton. Elkton. Cemetery Md. 255 REGISTRAR'S SIGNATURE 2So. REC'D BY REGISTRAR 24. FUNERAL DIRECTOR ADDRESS VR A15 (4)-20 M 1/66 Funerals, Elkton, Md. for DATE



## MARYLAND STATE DEPARTMENT OF HEALTH

DIVISION OF VITAL RECORDS, 301 W. PRESTON STREET, BALTIMORE, MARYLAND 21201

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TO HOSPITAL OR ATTENDING PHYSICIAN: The low requires that the death certificate be executed within 24 hours ofter death.  Page 4 moy be retained by the hospital or ottending physician.	TO FUNERAL DIRECTOR: After this certificate has been signed by the ottending physician and completely filled in by the Tureral	E	E.	N
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VR A15 (4) 25M 1/67

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1. PLACE OF DEATH					2. USUAL RESIDENCE (V	There deceased lived, if in	county //	e befare admissian)
Cecil			1.0.40	RYLAND	Mar	yland	17/1/	N/4/20 Y
b. CITY OR TOWN	(If autside carporote limit ad give neorest town)	5,	c. LENGTH OF STAY	IN 16	c. CITY OR TOWN (If au	tside corporate limits, wri	e RURAL ond give	nearest tawn)
Perry	Point		17 days		Bel	Air		12-2
d. NAME OF HOSPI	TAL OR INSTITUTION (If n	ot in haspital, g	give street address)	9	d. STREET ADDRESS			e. IS RESIDENCE ON A FARM?
Vetera	ans Adminia	stratio	n Hospit	al	112 Alice	Ann Stree	t	YES NO X
3. NAME OF DECEASED		rst	Middle		Last	4. DATE	Manth	Day Year
(Type or print)	JAI	1ES	Α.	WE	HITTINGTON		tober	3 19 67
S. SEX	6. COLOR OR RACE	7. MARRIED	NEVER MARRIE	D   8	. DATE OF BIRTH	9. AGE (In year	ors IF UNDER 1  Months	YEAR IF UNDER 24 HRS. Days Hours Min.
Male	Negro	WIDOWED	DIVORCE	D 🔲	4-1-09	58 birthdi	Yrs.	outs nous mill.
10a. USUAL OCCUPATIO during most af working	N (Give kind of work done		ND OF BUSINESS OR DUSTRY		11. BIRTHPLACE (County 8	& State, or foreign country)	12. (11)	IZEN OF WHAT
Bus driv		149	DUSTRI		Bel Air	, Maryland	U.	INTRY?
13. FATHER'S NAME					14. MOTHER'S MAIDEN N			
Thomas V	Whittington	1			Eloise	Ruff		
15. WAS DECEASED EV	ER IN U.S. ARMED FORCES?	of service) 16. S	SOCIAL SECURITY NO.	17. H	NFORMANT		Address	
Yes	WW II	2]	15-03-323	4 VA	Hospital r	ecords, Pe	rry Poi	nt, Md.
18. CAUSE OF D	EATH (Enter only one co							INTERVAL BETWEEN
the state of the state of	ATH WAS CAUSED BY: IMMEDIATE CAUSE	(a) Acut	e myocard	dial	insufficie	ncy		ONSET AND DEATH
4200	DUE	TO						
rise to immedia		(b) Arte	riosclero	otic	heart dise	ase		
stating the unde		10					_	
last.		(c)						
PART II. OTHER S	IGNIFICANT CONDITIONS	ONTRIBUTING T	O DEATH BUT NOT RE	LATED TO T	HE TERMINAL DISEASE CON	DITION GIVEN IN PART 1	a)	19. WAS AUTOPSY PERFORMED?
ATIO	Pulmona	ry emp	hysema, s	sever	е			YES NO
CIE EITHER MOTIEY	AS UNDERLYING  GCAUSE OF DEATH ( MEDICAL EXAMINER)	20b. DE:	SCRIBE HOW INJURY O	)CCURRED. (	Enter nature of injury in F	'art I or Part II af item 1	8.)	
Hour a.	IURY Month, Day, Year .m. 19	20d. IN While at wark			E OF INJURY (Hame, farm ary, street, affice bldg., etc.)		vn) (Cou	nty) (State)
								<b>2. 旅游文珠 1000 年18</b> 3
activación de la contraction d	leseas advadamenta x	CXXXXX	COCCOCO	and that	death accurred at_	1:45M, fram cau	ises and an th	e date stated above
22q. SIGNATURE	0 . 6				ATTENDING	MED. STAFF		TE SIGNED
	ULL	mi	DOW OL	M.D	PHYS.	DIRECTOR PHYS.	bc ]	10-4-67
22c. PHYSICIAN'S NAME (Type		ONEY,	M.D.	5	VA Hospi	tal, Perry	Point,	Md.
23a. BURIAL, CREMATI REMOVAL (Specific	W M	FREOF 1967	Balto		REMATORY T. Cemeter	23d. LOCATION (City Balty	ar Tawn) (	(County) (Stote)
24. FUNERAL DIRECTO	OR Theres	Tille.	ADDRESS		2Sa. REC'D	BY REGISTRAR 25	b. REGISTRAR'S SI	
Bullock 1	Funeral Ho	me, Ha	vre de Gi	race.	Md. DATE O	CT 1 0 196/	Julian	res Judge

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Division of STATISTICAL RESEARCH AND RECORDS, 301 W. PRESTON STREET, BALTIMORE, MARYLAND 21201 CERTIFICATE OF deoth. 1. PLACE OF DEATH 2. USUAL RESIDENCE (Where deceased lived, if institution; Residence before admission) a COUNTY Cecil Maryland Cecil ofter MARYLAND b. CITY OR TOWN (If outside corporate limits, c. LENGTH OF STAY IN 16 c. CITY OR TOWN (It autside corporate limits, write RURAL and give nearest town) write RURAL and give nearest town) 24 hours Elkton 10 days North East popers. completely filled in d. NAME OF HOSPITAL OR INSTITUTION (If not in hospital, give street address) d. STREET ADDRESS IS RESIDENC ON A FARM? Union Hospital NO V certificate be executed within 3. NAME OF First Middle 4. DATE Month Last Year DECEASED OF JESSE ond in any event, (Type or print) YOUNG DEATH ottending physicion was contracted to the please remove can 9. AGE (In years 6. COLOR OR RACE 8. DATE OF BIRTH IF UNDER 1 YEAR 7. MARRIED **NEVER MARRIED** 1896 lost birthday) Days DIVORCED 17, Male White 12. CITIZEN OF WHAT 10g, USUAL OCCUPATION (Give kind of work done 10b. KIND OF BUSINESS OR 11. BIRTHPLACE (County & Stote, or foreign country) during most of working life, even if retired)
House Painter Home Bldg. COUNTRY? Bloxom Va. USA 13. FATHER'S NAME 14. MOTHER'S MAIDEN NAME or removal, Unknown Unknown Box 24 Arnold IS. WAS DECEASED EVER IN U.S. ARMED FORCES? 16. SOCIAL SECURITY NO. 17. INFORMANT The law requires that the death (Yes, no prunknawn) (If yes give wor or dates of service) R.D. 1 221-09-4885 Agnes F. Moore burial, cremotion, INTERVAL BETWEEN 1B. CAUSE OF DEATH (Enter only one cause per line for (a), (b), and (c).) buriol-transit ONSET AND DEATH PART I. DEATH WAS CAUSED BY IMMEDIATE (AUSE (a) à physician. DUE TO signed Cerebrot Athoroschoris Conditions, if ony, which gove rise to immediate cause (a), DHE TO stating the underlying couse Poge 4 may be retained by the hospital or attending TO FUNERAL DIRECTOR: After this certificate has been prior to use as the 19. WAS AUTOPSY PERFORMED? PART II. OTHER SIGNIFICANT CONDITIONS CONTRIBUTING TO DEATH BUT NOT RELATED TO THE TERMINAL DISEASE CONDITION GIVEN IN PART 1(o) CERTIFICATION Heolth | NO 10 20g. ACCIDENT WAS UNDERLYING 20b. DESCRIBE HOW INJURY OCCURRED. (Enter nature of injury in Part I or Port II of item 18.) OR CONTRIBUTING CAUSE OF DEATH detached (IF EITHER, NOTIFY MEDICAL EXAMINER) 20d. INJURY OCCURRED 20e. PLACE OF INJURY (Home, form, (City or tawn) (State) 20c. TIME OF INJURY Month, Day, Year (County) foctory, street, affice bldg., etc.) Not While at wark 19 67, that (1) (we) last 21. I certify that (I) (this haspital) attended the deceased fram. 1967. ta 0 and that death accurred at 5:16 P.M. from causes and an the date stated above saw the deceased alive an. 22b. DATE SIGNED 22g. SIGNATURE uchus M.D. PHYS. DIRECTOR be filed 22d. ADDRESS 22c PHYSICIAN'S H. HUEBNER 106 E. CECIL AVE NAME (Type) director, should be 23a. BURIAL, CREMATION, REMOVAL (Specify) 23b. DATE THEREOI 23c. NAME OF CEMETERY OR CREMATORY 23d. LOCATION (City or Town) (County) (State) 10-13-67 Liberty Cemetery Parksley Va. Accomac Burial ADDRESS BOX 22 2So. REC'D BY REGISTRAR 2Sb. REGISTRAR'S SIGNATUR 24. FLINERAL DIRECTOR Charles VR A15 (4) DATEOC 20 M 1/66 North East, Md. Grant Funeral

MARYLAND STATE DEPARTMENT OF HEALTH

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